

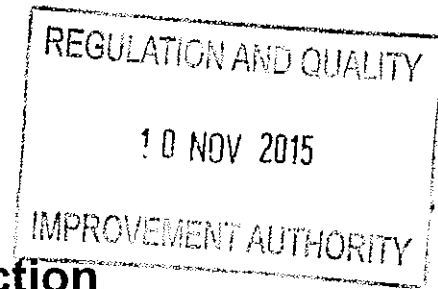


The Regulation and
Quality Improvement
Authority

Marie Stopes Northern Ireland
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**Announced Inspection
of
Marie Stopes Northern Ireland**

17 June 2015

The Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: www.rqia.org.uk

1. Summary of Inspection

An announced care inspection took place on 17 June 2015 from 10.15 to 13.30. Overall on the day of the inspection the establishment was found to be delivering safe, effective and compassionate care. The outcome of the inspection found no areas for concern.

Mr Jason Warriner has applied to be the responsible individual for Marie Stopes NI. A fit person's interview was conducted and Mr Warriner demonstrated a clear understanding of his role and responsibilities; as a result his registration was approved.

Ms Alison Peters is the interim manager for the clinic and management of the clinic were reminded that a registered manager is required under legislation. Mr Warriner confirmed the matter would be dealt with in a timely manner.

This inspection was underpinned by 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, Social Services and Public Safety's (DHSPPS) Minimum Care Standards for Healthcare Establishments.

1.1 Actions/Enforcement Taken Following the Last Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

1.2 Actions/Enforcement Resulting from this Inspection

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

1.3 Inspection Outcome

This inspection resulted in no requirements or recommendations being made. Findings of the inspection were discussed with Jason Warriner and Alison Peters and can be found in the main body of the report.

2. Service Details

Registered Organisation/Registered Person: Marie Stopes International Jason Frederick Warriner (Pending)	Registered Manager: Alison Peters (Interim)
Person in Charge of the Establishment at the Time of Inspection: Alison Peters	Date Registered: 27 June 2013
Categories of Care: Independent Clinic - Private Doctor	

3. Inspection Focus

The inspection sought to determine if the following standards have been met:

- Standard 1 – Informed Decision Making
- Standard 4 – Dignity, Respect and Rights
- Standard 5 – Patient and Client Partnerships
- Standard 7 – Complaints
- Standard 8 – Records
- Standard 10 – Qualifications Practitioners, Staff and Indemnity
- Standard 11 – Practising Privileges

Other areas inspected: Incidents, insurance arrangements and RQIA registration.

4. Methods/Process

Specific methods/processes used in this inspection include the following:

Prior to the inspection the following records were analysed: pre-inspection information, notification of incidents and complaints return.

During the inspection the inspector met with a private medical practitioner and a registered nurse.

The following records were examined during the inspection:

- Four patient care records
- Patient satisfaction survey
- Summary report of patient satisfaction survey
- Policies and procedures
- Information provided to patients
- One medical practitioner personnel file
- Practising privileges agreement
- Certificate of registration
- Insurance documentation

5. The Inspection

Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the establishment was an announced care inspection dated 12 June 2015. No requirements or recommendations were made as a result of the previous inspection.

5.1 Review of Requirements and Recommendations from the Last Care Inspection (12 June 2014)

As above.

5.2 Standard 1 – Informed Decision Making

Is Care Safe?

Information about services provided by the clinic was reviewed and found to accurately reflect the type of private doctor service provided and were in line with General Medical Council (GMC) Good Medical Practice. The costs of treatments were found to be up to date and include all aspects of the treatment.

Advertising campaigns and marketing strategies comply with guidance issued by the GMC.

Is Care Effective?

The establishment provides an information leaflet to all patients that outlines the services and treatments provided. The establishment also has a website which contains comprehensive information regarding the types of treatment provided. Prospective patients and other interested parties can contact the establishment for information by phone or via the website.

The Statement of Purpose and Patient Guide were reviewed and found to contain all of the information required by legislation. The Patient Guide is made available on the website and in hard copy form in an information file in the reception area of the clinic.

Information provided to patients and/or their representatives is written in plain English and when required is available in an alternative language or format. Ms Peters confirmed online information can be provided in 80 different languages.

Is Care Compassionate?

Discussion with staff and review of documentation 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. Patients are fully involved in planning their care and treatment.

Areas for Improvement

No areas for improvement were identified during the inspection.

Number of Requirements	0	Number Recommendations:	0
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5.2 Standard 4 – Dignity, Respect and Rights

Is Care Safe?

Discussion with the interim manager and private medical practitioner confirmed that the patient's modesty and dignity is respected at all times during the consultation and treatment process. Consultations are provided in private rooms and discreet waiting areas are provided.

Patient electronic care records were observed to be stored securely; the system is backed up daily and is password protected.

Is Care Effective?

It was confirmed through the above discussion and observation that patients are treated in accordance with the DHSSPS standards for Improving the Patient & Client Experience.

Patients meet with the medical practitioner undertaking the treatment and are fully involved in decisions regarding their treatment. Patients' wishes are respected and acknowledged by the establishment.

Is Care Compassionate?

Discussion with staff and review of four patient care records confirmed that patients are treated and cared for in accordance with legislative requirements for equality and rights.

Staff emphasized the need to ensure at all times on the patient journey that patients are treated with compassion, dignity and respect.

Areas for Improvement

No areas for improvement were identified during the inspection.

Number of Requirements	0	Number Recommendations:	0
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5.3 Standard 5 – Patient and Client Partnerships**Is Care Safe?**

All patients and/or their representatives are asked for their comments in relation to the quality of treatment provided, information and care received.

The information from the patient comments is collected in an anonymised format, summarised and used by the establishment to make improvements to services.

Is Care Effective?

Marie Stopes NI obtains the views of patients and/or their representatives on a formal and informal basis as an integral part of the service they deliver.

The establishment issued feedback questionnaires to patients. These are forwarded to an external organisation that collate the information and provide the clinic with an annual report. The findings are discussed at team meetings. An action plan is developed and implemented to address any issues identified. Any serious issues are immediately forwarded to Marie Stopes NI and the interim manager.

Review of the annual report found that patients were highly satisfied with the quality of treatment, information and care received. Comments from patients included:

- "Everyone very professional"
- "Treated with respect"
- "Provided with privacy during treatment"

An annual summary report is made available to patients and other interested parties to read within the patient information file in the reception of the establishment.

Is Care Compassionate?

Discussion with staff confirmed that patients have the opportunity to comment on the quality of care and treatment provided, including their interactions with staff who work within the establishment.

Review of patient care records and discussion with the private medical practitioner confirmed that treatment and care are planned and developed with meaningful patient involvement; facilitated and provided in a flexible manner to meet the assessed needs of each individual patient.

Areas for Improvement

No areas for improvement were identified during the inspection.

Number of Requirements	0	Number Recommendations:	0
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5.4 Standard 7 - Complaints

Is Care Safe?

No complaints have been recorded by the establishment since the last inspection. However, systems are in place to investigate and respond to complaints within 28 working days (in line with regulations) or if this is not possible, the interim manager confirmed that complainants will be kept informed of any delays and the reason for this.

Discussion with the interim manager confirmed that information from complaints is used to improve the quality of services.

Is Care Effective?

The interim manager demonstrated a good understanding of complaints management. Discussion evidenced that staff know how to receive and deal with complaints.

The complaints procedure is contained within the Patient Guide; copies of which are available in patient information file for patients to read.

Is Care Compassionate?

A copy of the complaints procedure is provided to patients and to any person acting on their behalf. The procedure is available in a range of formats suited to the patient's age and level of understanding if required. The interim manager confirmed that information can be provided in an alternative language or format if required and outlined the arrangements for the provision of an interpreter service.

The complainant will be notified of the outcome and action taken by the clinic to address any concerns raised.

Discussion with staff demonstrated that the core values of privacy, dignity, respect and patient choice are understood. Discussion also confirmed that complaints would be handled in a sensitive manner.

Areas for Improvement

No areas for improvement were identified during the inspection.

Number of Requirements	0	Number Recommendations:	0
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5.5 Standard 8 - Records

Is Care Safe?

Discussion with staff and review of training records confirmed that appropriate staff have received training in records management. All staff were aware of the importance of effective records management and records were found to be held in line with best practice guidance and legislative requirements. Computerised records are accessed using individual usernames and passwords.

The establishment is registered with the Information Commissioner's Office.

Is Care Effective?

Review of documentation confirmed that the establishment 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.

The establishment also has a policy and procedure in place for clinical record keeping in relation to patient treatment and care which complies with General Medical Council (GMC) guidance and Good Medical Practice.

Review of four electronic patient care records relating to the private doctor service found that all entries were dated; verified as completed by the medical practitioner and outlined a contemporaneous record of the treatment provided. The records were found to be maintained in line with best practice guidance.

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

Records required by legislation were retained and made available for inspection at all times.

Is Care Compassionate?

Discussion with staff 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 Data Protection Act 1988 and where appropriate Information Commissioner's Office regulations and Freedom of Information legislation.

Areas for Improvement

No areas for improvement were identified during the inspection.

Number of Requirements	0	Number Recommendations:	0
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5.6 Standard 10 – Qualified Practitioners, Staff and Indemnity

Is Care Safe?

Review of the personnel file of one medical practitioner confirmed:

- evidence of confirmation of identity;
- evidence of current registration with the General Medical Council (GMC);
- the medical practitioner is covered by the appropriate professional indemnity insurance;
- the medical practitioner has provided evidence of experience relevant to their scope of practice;
- evidence of enhanced AccessNI disclosure check;
- there was evidence of ongoing professional development and continuing medical education that meets the requirements of the Royal Colleges and GMC to ensure the medical practitioner can safely and competently undertake the treatments and services he offers;
- there was evidence of ongoing annual appraisal by a trained medical appraiser; and
- a responsible officer had been appointed.

Arrangements are in place to support medical practitioner, with a licence to practice, to fulfil the requirements for revalidation through:

- acting as a designated body where required under The Responsible Officer Regulations (NI) 2010;
- providing an annual appraisal in line with the GMC's appraisal and assessment framework, for medical practitioners employed directly by the establishment; or
- providing sufficient information to the responsible officer to support their revalidation, for medical practitioners who are not an employee.

Discussion with the interim manager and review of the alert files confirmed that arrangements are in place for dealing with professional alert letters, managing identified lack of competence and poor performance for all staff, including those with practising privileges. There are also mechanisms for reporting incompetence in line with guidelines issued by the DHSSPS and professional regulatory bodies.

Is Care Effective?

Discussion with staff confirmed that the medical practitioner is aware of their responsibilities under GMC Good Medical Practice.

Medical practitioners abide by published codes of professional practice relevant to their scope of practice and retain evidence that professional registration and revalidation requirements are met.

Is Care Compassionate?

Discussion with the private medical practitioner and the interim manager demonstrated that the core values of privacy, dignity, respect and patient choice are understood by the medical practitioners providing services within the establishment.

Areas for Improvement

No areas for improvement were identified during the inspection.

Number of Requirements	0	Number Recommendations:	0
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5.7 Standard 11 – Practising Privileges**Is Care Safe?**

Discussion with the interim manager and review of the medical practitioners' file as outlined in Standard 10 confirmed that all information required by legislation is retained by the establishment prior to practising privileges being granted.

Is Care Effective?

Marie Stopes NI has a policy and procedure in place which outlines the arrangements for the application, granting, maintenance, suspension and withdrawal of practising privileges. The practising privileges agreement defines the scope of practice for each individual medical practitioner.

All practising privileges are reviewed and approved by the medical advisory committee (MAC) prior to privileges being granted.

There are systems in place to review practising privileges agreements every two years.

Is Care Compassionate?

The practising privileges agreement includes arrangements to ensure patients are treated with dignity and respect at all times while respecting their rights.

Areas for Improvement

No areas for improvement were identified during the inspection.

Number of Requirements	0	Number Recommendations:	0
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5.10 Additional Areas Examined**Management of Incidents**

The establishment has an incident policy and procedure in place which includes reporting arrangements to RQIA.

Discussion with the interim manager and review of incident management found that incidents were well documented, fully investigated and had outcomes recorded.

Audits of incidents are undertaken monthly and learning outcomes are identified and disseminated throughout the organisation.

RQIA registration and Insurance Arrangements

Discussion with the interim manager regarding the insurance arrangements within the establishment confirmed that current insurance policies were in place. The RQIA certificate of registration was clearly displayed in the reception area of the premises.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the establishment. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the establishment.

No requirements or recommendations resulted from this inspection.

I agree with the content of the report.

Registered Manager	<i>[Signature]</i>	Date Completed	29-10-15
Registered Person	<i>[Signature]</i>	Date Approved	03-11-15
RQIA Inspector Assessing Response	<i>[Signature]</i>	Date Approved	11/11/15

Please provide any additional comments or observations you may wish to make below:

Please complete in full and returned to RQIA to independent.healthcare@rqia.org.uk from the authorised email address

