

Announced Care Inspection Report 2 March 2018



The Independent Medical Agency

Type of Service: Independent Medical Agency
Address: 1 Thane Road, Nottingham, NG2 3AA
Tel No: 0115959201
Inspector: Carmel McKeegan

www.rgia.org.uk

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

This is an independent medical agency (IMA) which is an online medical service that provides healthcare to patients through Patient Group Direction (PGD) services provided in selected Boots pharmacies in Northern Ireland.

3.0 Service details

Organisation/Registered Provider: Boots Company PLC Responsible Individual: Mrs Claire Nevinson	Registered Manager: Mrs Janet Jones
Person in charge at the time of inspection: Mrs Claire Nevinson	Date manager registered: 25 May 2017
Categories of care: IMA- (PD) Independent Medical Agency (IMA) - Private Doctor	

4.0 Inspection summary

An announced inspection took place on 02 March 2018 from 10:00 to 12:45 in the Regulation and Quality Improvement Authority (RQIA) office 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, Social Services and Public Safety (DHSSPS) 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 independent medical agency was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was evidenced in all four domains. These related to the monitoring and updating of the private doctors details; staff training and development; the provision of information to patients allowing them to make an informed decision; and engagement to enhance the patients' experience.

No areas for improvement were identified.

One patient submitted a questionnaire response and indicated a high level of satisfaction with the care and service provided. The following comment was included:

- "Cannot fault treatment."

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
Total number of areas for improvement	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Mrs Claire Nevinson, registered person, and Mrs Janet Jones, registered manager, 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 15 March 2017

No further actions were required to be taken following the most recent inspection on 15 March 2017.

5.0 How we inspect

Prior to the inspection a range of information relevant to the establishment 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 returned QIP from the previous care inspection
- the previous care inspection report
- submitted complaints declaration

Questionnaires were provided to patients and staff prior to the inspection by the independent medical agency on behalf of RQIA. Returned completed patient and staff questionnaires were also analysed prior to the inspection.

A complaints return and a request for supporting documentation were forwarded to the provider prior to the inspection. The registered persons were requested to be available for contact via the telephone on the date of inspection, at an agreed time. Having reviewed the records the registered persons were then contacted at the conclusion of the inspection to discuss any issues and to provide feedback on the findings.

During the inspection the inspector held discussions with, Mrs Claire Nevinson, registered person and Mrs Janet Jones, registered manager.

A sample of records was examined 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 Mrs Nevinson and Mrs Jones at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 15 March 2017

The most recent inspection of the independent medical agency was an announced care inspection dated 15 March 2017.

6.2 Review of areas for improvement from the last care inspection dated 15 March 2017

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

The Independent Medical Agency (IMA) is an online medical service which provides healthcare to patients through Patient Group Direction (PGD) services provided in selected Boots pharmacies and online direct-to-patient services. A consultation is provided online which may or may not result in the clinician prescribing a prescription only medicine for the patient. One private doctor is involved in providing medical services online.

The IMA is registered to write PGDs and sets standards for the delivery of the services through selected pharmacies in Northern Ireland.

Discussion with Mrs Nevinson and Mrs Jones and review of completed staff questionnaires demonstrated that there was sufficient staff in various roles to fulfil the needs of the agency and patients. Since the previous inspection, five new pharmacist Independent Prescribers (IPs) advisors were recruited in preparation for the new Erectile Dysfunction (ED) clinic. Mrs Nevinson and Mrs Jones confirmed that staffing levels are constantly under review and discussed during staff meetings.

It was also confirmed that the induction and training of staff has been reviewed as the new prescribers were recruited into the team and that each staff member completes a recorded programme of induction. Induction programme templates were in place relevant to specific roles within the agency.

Review of records and discussion with Mrs Nevinson and Mrs Jones confirmed that there are rigorous systems in place for undertaking, recording and monitoring all aspects of staff supervision, appraisal and ongoing professional development.

Mrs Nevinson and Mrs Jones confirmed that there is a system in place to ensure that all staff receive appropriate training to fulfil the duties of their role.

A review of the details of one medical practitioner 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

Discussion with Mrs Nevinson and Mrs Jones and review of staff questionnaires confirmed the private doctor is aware of their responsibilities under GMC Good Medical Practice.

Recruitment and selection

Review of the submitted staffing information and discussion with Mrs Nevinson and Mrs Jones confirmed that five new staff have been recruited since the previous inspection. It was confirmed that personnel records for these staff included all the documentation as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 has been retained.

Review of recruitment and selection procedures demonstrated good practice in line with legislative requirements.

There was a recruitment policy and procedure available. The policy was comprehensive and reflected best practice guidance.

Safeguarding

It was confirmed The IMA has arrangements in place to ensure that the medical practitioner, authorised pharmacists and other staff have an awareness of actions to be taken should a safeguarding issue arise. It was confirmed that safeguarding training has been provided for staff and the agency has carried out a training audit to ensure all staff have completed safeguarding training. Mrs Nevinson and Mrs Jones confirmed the most recent Northern Ireland regional guidance has been included in this training and made available to all the community pharmacists involved.

Mrs Jones also stated that they had undertaken a mock escalation of a safeguarding incident to test the procedures and provided feedback to staff in this regard.

The agency's safeguarding policy and procedure was provided by electronic mail prior to inspection and was found to be in accordance with current guidance

Management of medical emergencies

Mrs Nevinson and Mrs Jones confirmed the IMA ensures arrangements are in place for those pharmacists who are providing PGDs to have an awareness of the actions to be taken in the event of a medical emergency. Training records are retained in this regard.

Infection prevention control and decontamination procedures

Mrs Nevinson and Mrs Jones confirmed the IMA ensures arrangements are in place for those pharmacists who are providing PGDs to have an awareness of infection prevention and control and that they adhere to regional guidance. Training records are retained in this regard.

Patient and staff views

One patient submitted a questionnaire response to RQIA. They indicated that they felt safe and protected from harm and that they very satisfied with this aspect of care.

Eight staff submitted questionnaire responses. All indicated that they felt that patients are safe and protected from harm and indicated a high level of satisfaction with this aspect of care. The following comments were included in submitted questionnaire responses.

- “All staff are supported during induction and there is an excellent peer review process to support all.”
- “I feel well supported in my role as a prescriber and there is plenty of opportunity to development my skills and knowledge so that I continually improve my practice. I also have great confidence in the leaders of the IMA and it gives me great mentors to learn from and collaborate with.”

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.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of 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.

Review of five redacted electronic patient records relating to the IMA private doctor service found that all entries were in line with best practice.

Patient electronic records are accessed using individual usernames and passwords and securely stored.

Discussion with Mrs Nevinson and Mrs Jones and review of training records confirmed that appropriate staff have received training in records management. Mrs Nevinson and Mrs Jones 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.

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.

Information is available for patients on how to access their health records, under the Data Protection Act 1998.

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

Review of documentation confirmed that the agency 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 agency 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 Mrs Nevinson and Mrs Jones 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.

Information provision

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

The agency has a website which contains comprehensive information regarding the types of treatment provided. Prospective patients and other interested parties can contact the agency for information via the website and by telephone.

Mrs Nevinson stated that Boots Company PLC are in the process of introducing a system to verify the identification of patients who access online services and significant work is being done to make sure this work does not impact on existing patients continuing to access their repeat prescriptions on line in the interim period.

Mrs Jones confirmed that the holistic management of the patients is considered with every service and discussed the ED service, which includes looking at the condition holistically and its causes. Patients are provided with information on signposting on the causes of ED and possible links to their cardiovascular health and the emotional impact of ED.

The Patient Guide is made available on the website.

Information provided to patients is written in plain English.

Discussion with Mrs Nevinson and Mrs Jones 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.

Patient and staff views

The submitted patient questionnaire response indicated that they get the right care, at the right time and with the best outcome for them and that they were very satisfied with this aspect of care.

All eight submitted staff questionnaire responses indicated that they felt that care delivered to patients is effective. All staff indicated they were very satisfied with this aspect of care. No comments were included in submitted questionnaire responses.

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
Total number of 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.

Dignity, respect and involvement in decision making

Discussion with Mrs Nevinson and Mrs Jones and the medical practitioners and review of staff questionnaires confirmed that the patient's dignity is respected at all times during the consultation and treatment process.

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

Patients consult via their secure online patient record, in relation to their treatment and are fully involved in decisions regarding their treatment. Discussion with Mrs Nevinson and Mrs Jones and review of completed staff questionnaires confirmed patients' wishes are respected and acknowledged by the agency.

Mrs Nevinson and Mrs Jones confirmed that patient care records are stored securely and are accessible online via secure online patient records systems with restricted access. All patients are asked for their comments in relation to the quality of treatment provided, information and care received.

The agency carries out an online annual patient survey. A random sample of completed questionnaires from the survey carried out in October-December 2016 was provided. Review of the completed questionnaires found that patients were highly satisfied with the quality of treatment, information and care received.

The information received from the patient feedback questionnaires is collated into a summary report which is made available to patients and other interested parties to read online on the agency's website. Discussion with Mrs Nevinson and Mrs Jones confirmed the agency uses the findings to make improvements to services.

Patient and staff views

The submitted patient questionnaire response indicated that they are treated with dignity and respect and are involved in decision making affecting their care and that they were very satisfied with this aspect of care.

All eight submitted staff questionnaire responses indicated that they felt that patients are treated with compassion and that they were very satisfied with this aspect of care. No comments were included in submitted questionnaire responses.

Areas of good practice

There were examples of good practice found in relation to maintaining patient confidentiality 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
Total number of 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 management were able to describe their role and responsibilities and confirmed staff were aware of who to speak to if they had a concern. Since the previous inspection applications for registration with RQIA as the registered person and registered manager were submitted by Mrs Nevinson and Mrs Jones, respectively. Registration of Mrs Nevinson and Mrs Jones was subsequently approved. Mrs Jones is the nominated individual with overall responsibility for the day to day management of the service.

Policies and procedures were available for staff reference. A review of a sample of policies and procedures found they were dated and systematically reviewed on a three yearly basis.

Arrangements were in place to review risk assessments.

A copy of the complaints procedure is available on the agency's website. Mrs Nevinson and Mrs Jones demonstrated a good awareness of complaints management. A complaints questionnaire was forwarded by RQIA to the agency for completion. The evidence provided in the returned questionnaire indicated that complaints have been managed in accordance with best practice.

A system was in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies as appropriate. 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.

The agency has a policy and procedure in place which outlines the arrangements for application, granting, maintenance, suspension and withdrawal of practising privileges.

Discussion with Mrs Nevinson and Mrs Jones and review of the medical practitioner's file confirmed that all information required by legislation was retained by the agency prior to practising privileges being granted. There is a system in place to review practising privileges arrangements every two years.

Mrs Nevinson and Mrs Jones confirmed that arrangements were in place to monitor, audit and review the effectiveness and quality of care delivered to patients at appropriate intervals. There was noted to be a robust audit programme in place. If required an action plan is developed and embedded into practice to address any shortfalls identified during the audit process. A six month unannounced monitoring inspection visit is undertaken by the Director of Professional Services and Operations- Boots Opticians, and a report of the outcome is produced. A copy of the most recent inspection report, dated 25 January 2018, was available for inspection.

A whistleblowing/raising concerns policy was available.

Mrs Nevinson and Mrs Jones demonstrated a clear understanding of their roles and responsibilities in accordance with legislation. Information requested by RQIA has been submitted within specified timeframes. Information requested by RQIA has been submitted within specified timeframes. It was confirmed that the statement of purpose and patient's guide are kept under review, revised and updated when necessary and available on request.

Mrs Nevinson and Mrs Jones confirmed the RQIA certificate of registration was up to date.

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

Patient and staff views

The submitted patient questionnaire response indicated that they felt that the service is well led and that they were very satisfied with this aspect of the service.

All eight submitted staff questionnaire responses indicated that they felt that the service is well led and indicated that they were very satisfied with this aspect of the service. The following comments were included in submitted questionnaire responses.

- “Well led service for users which ensures patients are dealt with right level of contact.”
- “Views and ideas are listened to and implemented when suitable”.
- “I believe the service provided is well-led and safe. Service users can be assured that patient safety is at the top of every agenda. Staff members show care in all aspects of providing this service. I really enjoy providing this service to users; it is personally rewarding.”

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
Total number of areas for improvement	0	0

7.0 Quality improvement plan

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



The Regulation and
Quality Improvement
Authority

The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

Tel 028 9051 7500

Fax 028 9051 7501

Email info@rqia.org.uk

Web www.rqia.org.uk

 @RQIANews