**Regulation of Care Act 2013**

### Independent Medical Agency

Independent Medical Services

**Announced Inspection**

22 October 2019

|  |
| --- |
| Contents  |

**Part 1: Service information**

**Part 2: Descriptors of performance against Standards**

**Part 3: Inspection Information**

**Part 4: Inspection Outcomes and Evidence and Requirements**

|  |
| --- |
| **Part 1 - Service Information for Registered Service** |

Name of Service:

Independent Medical Services

Telephone No:

(01624) 617607

**Care Service Number:**

ROCA/P/0232A

**Registered company name:**

Independent Medical Services

Name of Responsible Person:

Dr Simon McAndry

**Name of Registered Manager:**

Dr Simon McAndry

**Manager Registration number:**

ROCA/M/0137

**Date of latest registration certificate:**

10/5/16

**Date of any additional regulatory action in the last inspection year (i.e. improvement measures or additional monitoring):**

None

**Date of previous inspection:**

19 October 2018

**Person in charge at the time of the inspection:**

Dr Simon McAndry

**Name of Inspector:**

Kevin West

|  |
| --- |
| **Part 2 - Descriptors of Performance against Standards** |

Inspection reports will describe how a service has performed in each of the standards inspected. Compliance statements by inspectors will follow the framework as set out below.

**Compliant**

Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken. In most situations this will result in an area of good practice being identified and comment being made.

**Substantially compliant**

Arrangements for compliance were demonstrated during the inspection yet some criteria were not yet in place. In most situations this will result in a requirement being made.

**Partially compliant**

Compliance could not be demonstrated by the date of the inspection. Appropriate systems for regular monitoring, review and revision were not yet in place. However, the service could demonstrate acknowledgement of this and a convincing plan for full compliance. In most situations this will result in requirements being made.

**Non-compliant**

Compliance could not be demonstrated by the date of the inspection. This will result in a requirement being made.

**Not assessed**

Assessment could not be carried out during the inspection due to certain factors not being available.

Recommendations based on best practice, relevant research or recognised sources may be made by the inspector. They promote current good practice and when adopted by the registered person will serve to enhance quality and service delivery.

|  |
| --- |
| **Part 3 - Inspection information** |

The purpose of this inspection is to check the service against the service specific minimum standards – Section 37 of The Regulation of Care Act 2013 and The Regulation of Care (Care Services) Regulations 2013 part 3, regulation 9.

Inspections concentrate on specific areas on a rotational basis and for most services are unannounced.

The inspector is looking to ensure that the service is well led, effective and safe.

|  |
| --- |
| **Summary from the last inspection** |

**Number of requirements from last inspection:**

Three (3)

**Number met:**

Three (3)

**All requirements not met will be addressed within this inspection report**

|  |
| --- |
| **Part 4 - Inspection Outcomes, Evidence and Requirements** |

|  |
| --- |
| **Regulation of Care Act 2013, Part 2 (37) and Care Services Regulations Part 3 (9)**Standard 1 – Premises and Equipment**OUTCOME**The service is carried out in suitable premises that are safe; using appropriate equipment that accords with legislative and best practice guidelines. |

**Our Decision:**

Substantially compliant

**Reasons for our decision:**

The premises provided one medical consulting room and one counselling room. These rooms provided privacy.

The manager had produced risk assessments on the environment, including the risk of legionella. These were reviewed / updated yearly. A fire risk assessment had been reviewed on 1 April 2019. A fire inspection checklist had also been reviewed on this date. Firefighting equipment had been serviced in October 2018 and the inspector was informed that these were due to be re checked before the end of the month. Fire notices – what to do in the event of a fire – were displayed around the premises. No fire drills had taken place. This was discussed with the manager on inspection. Post inspection advice was sought from the Department of Health and Social Care, Fire Officer who confirmed to the inspector that an annual fire drill must take place.

A fully stocked first aid box was kept on the premises. A health and safety law poster was displayed. An accident book, examined on inspection showed that no accidents had taken place. Employers liability insurance was displayed and due to expire on 1 February 2020. A gas safety inspection took place on 16 January 2019.

An electrical installation certificate was produced on 15 June 2016. The next check was due to take place in 2021. Portable Electrical Appliance Testing (PAT) took place in March 2019.

A wheelchair ramp was available for people with mobility difficulties to access the building. The manager said that he would generally carry out consultations in a person’s home if it was required.

Hand hygiene measures were available in consulting / treatment rooms.

Medical equipment, relevant to the services offered, was provided. The equipment had been serviced and calibrated on 22 March 2019.

A lockable, dedicated vaccine refrigerator was provided. The refrigerator had an external temperature thermometer. An additional thermometer was also used by staff. Fridge temperatures were recorded daily. The fridge was not overstocked with vaccines, allowing for a steady flow of air.

**Evidence Source:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Observation | **✓** | Records | **✓** | Feedback |  | Discussion | **✓** |

**Requirements:**

One

**Recommendations:**

None

|  |
| --- |
| **Regulation of Care Act 2013, Part 2 (37) and Care Services Regulations Part 3 (9)**Standard 2 - Introduction & Assessment**OUTCOME**Service recipients receive clear and accurate information about the service and its likely costs. |

**Our Decision:**

Compliant

**Reasons for our decision:**

The agency had a statement of purpose which contained all the information set out in Schedule 3 of the Care Service Registration Regulations.

The agency provided an information pack which outlined the services on offer, including fees, as well as a copy of the statement of purpose.

**Evidence Source:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Observation | **✓** | Records | **✓** | Feedback |  | Discussion | **✓** |

**Requirements:**

None

**Recommendations:**

None

|  |
| --- |
| **Regulation of Care Act 2013, Part 2 (37) and Care Services Regulations Part 3 (9)**Standard 3 – Quality of Treatment and Care **OUTCOME**The treatment and care provided are person-centred. Treatment provided is in line with the relevant legislation and clinical guidelines and is properly supervised. |

**Our Decision:**

Compliant

**Reasons for our decision:**

A client service charter provided a statement of what clients could expect by way of services. This was updated annually.

Protocols for the use of an audiometer and a spirometer were in place.

All treatments were carried out by either the agency’s registered nurse or by the manager, Dr Simon McAndry.

**Evidence Source:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Observation |  | Records | **✓** | Feedback |  | Discussion | **✓** |

**Requirements:**

None

**Recommendations:**

None

|  |
| --- |
| **Regulation of Care Act 2013, Part 2 (37) and Care Services Regulations Part 3 (9)**Standard 4 – Treatment Records**OUTCOME**There is an accurate and up to date treatment record for every patient/client. Records are maintained of adverse incidents. All records are stored securely. |

**Our Decision:**

Compliant

**Reasons for our decision:**

One client’s treatment file was examined. This contained all of the relevant information required in this standard, including personal details, medical history, record of treatment and signed consent form.

The inspector was informed that no adverse incidents had taken place.

Client records were stored in a lockable cabinet.

**Evidence Source:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Observation |  | Records | **✓** | Feedback |  | Discussion | **✓** |

**Requirements:**

None

**Recommendations:**

None

|  |
| --- |
| **Regulation of Care Act 2013, Part 2 (37) and Care Services Regulations Part 3 (9)**Standard 5 – Staffing & Recruitment**OUTCOME**All staff are appropriately trained and have the knowledge, skills qualifications and experience for the task/s they perform. Their competence is regularly reviewed and refresher training provided.  |

**Our Decision:**

Substantially compliant

**Reasons for our decision:**

The manager’s qualifications included a Bachelor of Science with honours degree, Bachelor of Medicine and Surgery and a Diploma in Occupational Health. A Registered General Nurse was employed at the agency.

The agency’s nurse had their registration renewed, through revalidation with the Nursing and Midwifery Council (NMC). There was evidence of certificates and training attended.

No new staff had been recruited since the last inspection.

On one staff member’s file there was a photocopy of the person’s photograph page of their passport. This must not be kept on file, only the record of the date seen, date of expiry and any relevant document numbers.

All clinical / professional staff members were professionally indemnified.

Staff members had defined roles and responsibilities. Job descriptions had been written and were kept on staff files.

A yearly formal Performance Development Review (PDR) was completed for all clinical staff. A PDR had taken place between the manager and registered nurse in July 2019 and the manager received his annual appraisal from a GP appraiser in August 2019.

The manager said that all staff had access to support and advice, which took the form of daily or weekly interactions, as opposed to formal supervision. This was also confirmed by the nurse in conversations with the inspector.

**Evidence Source:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Observation |  | Records | **✓** | Feedback | **✓** | Discussion | **✓** |

**Requirements:**

One

**Recommendations:**

None

|  |
| --- |
| **Regulation of Care Act 2013, Part 2 (37) and Care Services Regulations Part 3 (9)**Standard 6 – Management & Administration**OUTCOME**The Agency is managed ethically, effectively and efficiently, delivering a service which meets the needs of its users. Registered persons have the appropriate skills, experience and qualifications to deliver an efficient and effective service. |

**Our Decision:**

Compliant

**Reasons for our decision:**

The manager held an appropriate qualification relevant to the service being provided and was registered with the Department of Health and Social Care.

The agency had developed a system for seeking feedback from clients via a link on their website. These results had been collated by the manager and evidenced a high degree of satisfaction with the services being provided.

No complaints had been made and no accidents had taken place.

The manager used an encrypted flash drive to back up the agency’s electronic data on a weekly basis.

IT systems were securely managed and included password protection, restricted access and system access monitoring.

The manager’s annual appraisal included an audit of clinical records. Ten client files were examined / reviewed and these confirmed that the contents were legible, signed and dated.

A file handling protocol specified how patients’ files were handled to enable consistent handling and tracking of a file’s location. A privacy policy also detailed how a client’s information was to be used, how confidentiality would be maintained, how their information could be accessed and how long data was kept by the agency.

**Evidence Source:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Observation |  | Records | **✓** | Feedback |  | Discussion | **✓** |

**Requirements:**

None

**Recommendations:**

None

|  |
| --- |
| **Regulation of Care Act 2013 Part 2 (37) and Care Services Regulations Part 3 (9)**Standard 7 – Financial Viability & Business Continuity**OUTCOME**The Agency is financially sound. Where there are plans to close or substantially change, there is proper planning to make the transition for patients/clients and staff as smooth as possible and to ensure the necessary continuity of treatment. |

**Our Decision:**

Compliant

**Reasons for our decision:**

An accountant completed annual accounts for the agency which demonstrated that the agency was financially viable. The last accounts had been completed in April 2019.

A development plan on the future of the agency, identifying any planned changes in the operation or resources of the agency had been written and was reviewed annually.

**Evidence Source:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Observation |  | Records | **✓** | Feedback |  | Discussion | **✓** |

**Requirements:**

None

**Recommendations:**

None

|  |
| --- |
| **Regulation of Care Act 2013 Part 2 (37) and Care Services Regulations Part 3 (9)**  Standard 8 – Medicine Management**OUTCOME**Medicines are handled appropriately and where immunisation services are provided this is done in accordance with recognised minimum standards for immunisation. |

**Our Decision:**

Compliant

**Reasons for our decision:**

The agency had procedures for the management / administration of the Hepatitis B vaccine, Hepatitis A vaccine and adrenaline. These had been signed by the manager and Pharmacist.

A procedure for ordering, receipt, storage and administration of vaccines was in place.

There was paper trail of the ordering, administration and disposal of vaccines.

The agency’s registered nurse and manager had received annual Basic Life Support (BLS) and Automated External Defibrillator (AED) training on 12 June 2019.

An anaphylaxis box contained drugs and equipment to treat allergic reactions.

The agency followed the Department of Health Vaccine Transport and Storage Policy for vaccine management.

**Evidence Source:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Observation | **✓** | Records | **✓** | Feedback |  | Discussion | **✓** |

**Requirements:**

None

**Recommendations:**

None

**The inspector would like to thank the management, staff and service users for their co-operation with this inspection.**

**If you would like to discuss any of the issues mentioned in this report or have identified any inaccuracies, please do not hesitate to contact the Registration and Inspection Unit.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Inspector:** | Kevin West | **Date:** | 18 November 2019 |

|  |
| --- |
| **Provider’s Response**  |

**From:** Independent Medical Services

I / we have read the inspection report for the inspection carried out on **22 October 2019** at the establishment known as **Independent Medical Services**, and confirm that there are no factual inaccuracies in this report. [x]

I/we agree to comply with the requirements/recommendations within the timescales as stated in this report. [x]

**Or**

I/we am/are unable to confirm that the contents of this report are a fair and accurate representation of the facts relating to the inspection conducted on the above date(s) [ ]

**Signed**

**Responsible Person** S P McAndry

**Date** 20/12/2019Click here to enter text.

**Signed** S P McAndry

**Registered Manager**

**Date** 20/12/2019

|  |
| --- |
|  **Requirements and Recommendations** |

**Requirements:**

1. Standard 1.3

An annual fire drill must take place.

**Timescale:** Immediate

1. Standard 5.2

Photocopies of passports must not be kept on staff member files, only relevant dates and document numbers to be recorded.

**Timescale:** Immediate

**Recommendations:**

None

|  |
| --- |
| **Provider’s Action Plan**  |

You must complete this page in respect of all the requirements made within the report.

|  |
| --- |
| **Provider’s Action Plan:** Click here to enter text. |

|  |
| --- |
| **Name:** Click here to enter text.**Position:** Click here to enter text.**Service:** Click here to enter text.**Signature:** Click here to enter text.**Date:** Click here to enter text. |

**Action plan/provider’s response noted and approved by Inspector:**

**Date: Signature/initials:**