

# **Regulation of Care Act 2013**

## **Independent Medical Agency**

Independent Medical Services

### **Announced Inspection**

11 June 2021

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## 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:**

22 October 2019

**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 Inspection report is based on the information provided as part of the pre inspection desk top analysis and the findings of the inspection visit.

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:**

Two

#### **Number met:**

Two

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

**\*Please note that any requirement carried forward for three consecutive inspections will lead to the service being served an improvement notice.\***

### Overview of this inspection

**Due to COVID 19 the inspection process has altered slightly. More information and evidence has been sought from providers electronically. The inspection team have desktop assessed this information and a service visit has then been undertaken to verify the evidence provided.**

This was the agency's annual statutory inspection.

Independent Medical Services provide the following range of services:

- Occupational health services
- Health screening
- Disability assessments
- Seafarer medicals
- Medical consultations
- Other medical examinations

The inspector was assisted throughout by the manager who was very welcoming and helpful.

### 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:**

Partially compliant

**Reasons for our decision:**

The premises provided two medical consulting rooms. These rooms provided privacy.

The manager had produced premises risk assessments, including the risk of legionella. These had been reviewed in March 2021. A fire risk assessment had been reviewed on 1 April 2021.

Firefighting equipment had been serviced in October 2020. Fire notices – what to do in the event of a fire – were displayed around the premises. Three fire drills had taken place since the last inspection.

The agency must complete and record the following checks:

- Weekly fire alarm tests
- Monthly fire extinguisher checks
- Monthly emergency lighting checks

A fire alarm inspection and servicing took place on the 4 May 2021.

An outside contractor also checked the emergency lighting in May 2021.

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 with clients. Employer’s liability insurance was displayed and due to expire on 1 February 2022. A gas safety inspection took place on 28 January 2021.

An electrical installation certificate was produced on 15 June 2016 and was shortly due to be redone. Portable Electrical Appliance Testing (PAT) had last taken place in March 2019. The manager said that PAT testing was usually carried out by a company that was based off island and came to the agency to service / calibrate the medical equipment. Due to the pandemic, this had not taken place. While sympathetic to the on-going situation, a requirement has been made.

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 provided in consulting / treatment rooms.

Medical equipment relevant to the service was provided. The equipment had last been serviced and calibrated on 22 March 2019. An off island company carried out these checks, but due to the pandemic were not able to do this. While sympathetic to the on-going situation, a requirement has been made.

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 and were within the required limits. The fridge was not overstocked with vaccines, allowing for a steady flow of air.

**Evidence Source:**

Observation	✓	Records	✓	Feedback		Discussion	✓
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**Requirements:**

Three

**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 and a copy of the statement of purpose / client service charter.

**Evidence Source:**

Observation	✓	Records	✓	Feedback		Discussion	✓
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**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.

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

All treatments were carried out under the supervision of a medical practitioner.

**Evidence Source:**

Observation		Records	✓	Feedback		Discussion	✓
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**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:**

Two client's treatment records were examined. These contained all of the relevant information required in this standard, including personal details, medical history, record of treatment and signed consent.

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	✓
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**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.

Two registered nurses were employed at the agency along with a GP.

The agency's nurses were registered with the Nursing and Midwifery Council (NMC).

Two new staff had been recruited since the last inspection and their pre-employment checks were examined. Both files did not contain a completed application form. Interview notes were not seen in one person's file and a second reference was missing from the other file. There was no record of either staff member having to have a work permit or not. The registration details for the registered nurse was recorded, but no registration number was recorded for the other staff member. A requirement has been made for these staff checks to be in place as part of the employment process.



One staff member's Disclosure and Barring Service (DBS) check had gone past three years and they had not subscribed to the update service. A requirement has been made.

All clinical / professional staff members had been professionally indemnified.

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.

A yearly formal Performance Development Review (PDR) was completed for all clinical staff. The manager received his annual appraisal from a GP appraiser.

**Evidence Source:**

Observation		Records	✓	Feedback		Discussion	✓
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**Requirements:**

Two

**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:**

Substantially 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.

No complaints had been made and no accidents involving clients had taken place. The manager said that he was going to reintroduce seeking feedback from clients via an online survey web platform.

An encrypted flash drive was used 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.

There must be a system of annual internal or external clinical audit to ensure compliance with legal requirements and professional practice recommendations. This had not taken place and a requirement has been made.

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	✓
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**Requirements:**

One

**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:**

Annual accounts for the agency demonstrated that the agency was financially viable. The last accounts had been completed in April 2020.

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	✓
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**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:**

Substantially 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 / nurse 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 two registered nurses had received annual Basic Life Support (BLS) and Automated External Defibrillator (AED) training on 23 September 2020. This training must be updated annually. The manager had not received this training since 2019 and a requirement has been made.

Training on anaphylaxis must be completed annually. A training certificate to evidence that one nurse had received this training in August 2020 was provided to the inspector. The inspector was informed that the other nurse had received this training in September 2020. A dated training certificate was not able to be produced, only a screen shot with no date seen on the person's phone and a requirement has been made.

An anaphylaxis box contained drugs and equipment to treat allergic reactions. A treatment of anaphylaxis flow chart was available in both consulting rooms.

The agency followed the Department of Health and Social Care Vaccine Transport and Storage Policy – July 2017 for vaccine management.

**Evidence Source:**

Observation	✓	Records	✓	Feedback		Discussion	✓
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**Requirements:**

One

**Recommendations:**

None

**The inspector would like to thank the management and staff 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 Team.**

**Inspector:** Kevin West

**Date:** 7 July 2021

## Provider's Response

**From:** Independent Medical Services

I / we have read the inspection report for the inspection carried out on **11 June 2021** at the establishment known as **Independent Medical Services**, and confirm that there are no factual inaccuracies in this report.

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

**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** Simon McAndry  
**Date** 08/08/2021

**Signed Registered Manager** Simon McAndry  
**Date** 08/08/2021