

# Annual Inspection Report 2022-2023

## Independent Medical Services

Independent Medical Agency

26 April 2023



Isle of Man  
Government

*Killey, Eilan, Yanner*

**DHSC**

Registration & Inspection

We carried out this announced inspection on 26 April 2023. The inspection was led by an inspector from the Registration and Inspection team.

**Service and service type**

Independent Medical Services is an independent medical agency based in Douglas.

**People’s experience of using this service and what we found**

To get to the heart of people’s experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people’s needs?
- Is it well-led?

These questions form the framework for the areas we look at during the inspection.

**Our key findings**

Areas for improvement are required in relation to the electrical installation condition report and emergency lighting.

Equipment within the setting was calibrated, serviced and maintained in line with manufacturer’s requirements. Procedures were in place for medicines / vaccines management.

Staff received training needed to support people effectively. People’s consent was sought as part of the consultation / treatment process.

People’s privacy and dignity was respected and promoted. Appointment times gave people time to ask questions and for staff to listen and provide information.

Individual needs were being assessed and treatment tailored to the individual.

The manager kept under review the day-to-day culture in the agency. Staff were involved in developing the service.

At this inspection, we found improvements had been made in response to the previous inspection.

### **About the service**

Independent Medical Services is registered as an independent medical agency.

### **Registered manager status**

The service has a registered manager. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

### **Notice of Inspection**

This announced inspection was part of our annual inspection programme which took place between April 2022 and March 2023.

Inspection activity started on 21 March 2023. Due to time constraints, we visited the service on 26 April 2023.

### **What we did before the inspection**

We reviewed information we received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR). This is information containing key information about their service, what they do well and improvements they plan to make. We reviewed health and safety information provided by the manager. We used all this information to plan our inspection.

### **During the inspection**

We spoke to the manager and a registered nurse.

We reviewed a range of records, including people's treatment records, one staff file in relation to recruitment, staff training and a variety of records relating to the management of the service.

### **After the inspection**

We received written feedback from one staff member who provided their views about the service.

**Our findings:**

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. The service does require improvements in this area.

This service was found to be safe.

**Systems and processes to safeguard people from the risk of abuse: Learning lessons when things go wrong**

Systems were in place to protect people from the risk of abuse. The agency's chaperone policy was displayed. Staff knew the signs of potential abuse and the actions they must take if they suspected someone was being subjected to harm or abuse. Staff were confident that the manager would respond to any concerns that may be raised. Any safeguarding actions would be carried out in line with Isle of Man guidance.

A system was in place to monitor all accidents, incidents.

**Assessing risk, safety monitoring and management**

Risk assessments on the environment had been written and regularly reviewed.

Equipment within the setting was calibrated, serviced and maintained in line with manufacturer's requirements.

A variety of health and safety checks had been completed, including fire safety and gas safety. The electrical installation condition report was out of date and the emergency lighting was not being checked / serviced annually.

The manager had completed a fire risk assessment. No actions were required. Staff had received a fire safety overview on induction.

Service user records were stored securely. An encrypted flash drive was used to back up the agency's electronic data on a weekly basis.

Procedures were in place for managing risks associated with clinical records.

**Staffing and recruitment**

The file of a person who had started since the last inspection was scrutinised. The provider had recruited safely. Staff had job descriptions.

Nurses had their registration with the Nursing and Midwifery Council (NMC) confirmed. Staff Disclosure and Barring Service (DBS) checks had been reviewed within a three-year period.

**Using medicines safely**

A lockable, dedicated vaccine refrigerator was provided. Fridge temperatures were recorded twice daily. The fridge was not overstocked with vaccines, allowing for a steady flow of air.

Procedures were in place for medicines / vaccines management.

There was paper trail of the ordering, administration and disposal of vaccines.  
An anaphylaxis box contained drugs and equipment to treat allergic reactions.

Staff had received annual training on Basic Life Support (BLS) / Automated External Defibrillator (AED) and anaphylaxis.

### **Preventing and controlling infection**

Hand hygiene measures were provided in consulting / treatment rooms.

Equipment was wiped down after use.

The premises were clean on the day of the inspection.

### **Learning lessons when things go wrong**

A written development plan, reviewed annually, was in place. The agency's annual accounts evidenced that the service was financially viable.

## **Action we require the provider to take**

Key areas for improvement:

- An up to date electrical installation condition report must be in place.
- The emergency lighting must be serviced / maintained annually.

## Inspection Findings

### C2 Is the service effective?

#### **Our findings**

Effective – this means we looked for evidence that people’s care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence. The service does not require any improvements in this area.

This service was found to be effective.

#### **Assessing people’s needs and choices; delivering care in line with standards, guidance and the law**

Two clients’ treatment records were examined. These were detailed and evidenced that a comprehensive medical examination took place.

No adverse incidents had taken place.

#### **Staff support; induction, training, skills and experience**

Staff received training needed to support people effectively. The manager held a Diploma in Occupational Health.

Clinical / professional staff were professionally indemnified.

Support was provided for continuous professional development and revalidation.

Annual appraisals were taking place.

#### **Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support**

The agency worked with other specialised health services as required.

#### **Peoples needs met by the adaptation, design and decoration of premises**

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.

Two medical consulting rooms were available for private consultations.

#### **Ensuring consent to care and treat in line with law and guidance**

People’s consent was sought as part of the consultation / treatment process.

### C3 Is the service caring?

#### **Our findings**

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect. The service does not require any improvements in this area.

This service was found to be caring.

#### **Ensuring people are well treated and supported; respecting equality and diversity**

A chaperone policy was in place. How people wanted to be addressed was recorded in their records.

#### **Supporting people to express their views and be involved in making decisions about their care**

Appointment times gave people time to ask questions and for staff to listen and provide information. A client guide gave information on the person-centred care and treatment being provided. Clients were encouraged to call or email the service if they had any concerns or queries.

#### **Respecting and promoting people's privacy, dignity and independence**

Screens were available for people to use for privacy reasons. Drapes were available to cover people when being examined.

A privacy notice displayed in the agency outlined how they collected information on the person and how that information may be used. Consent forms described how personal information / sensitive health information was processed. Personal information was kept secure. The agency has a data protection and confidentiality policy and procedure.

## Inspection Findings

### C4 Is the service responsive?

#### **Our findings:**

Responsive – this means we looked for evidence that the service met people’s needs. The service does not require any improvements in this area.

This service was found to be responsive.

#### **Planning personalised care to ensure people have choice and control to meet their needs and preferences**

Individual needs were being assessed and treatment tailored to the individual. A client service charter provided information on what people could expect by way of services. All treatments were carried out under the supervision of a medical practitioner. Medical equipment relevant to the service was provided. Where appropriate, protocols for their use were in place.

#### **Meeting people’s communication needs**

The manager said that on occasions, an interpreter was required.

#### **Improving care quality in response to complaints and concerns**

Clients were informed of the complaints procedure through the statement of purpose and service recipient guide. No formal complaints had been made.



## Inspection Findings

### C5 Is the service well-led?

#### **Our findings**

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture. The service does not require any improvements in this area.

This service was found to be well-led.

#### **Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people**

The manager kept under review the day-to-day culture in the agency and had the skills, knowledge and experience to lead effectively. Staff feedback confirmed that they felt supported by both colleagues and the manager. One person commented, "I thoroughly enjoy working at Independent Medical Services". Staff said that they could express their views and make suggestions to the manager.

#### **Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements**

The manager held an appropriate qualification, relevant to the service and was registered with the Department of Health and Social Care. Staff received feedback via daily interactions and annual appraisals and were clear on their roles.

Appropriate insurance cover was in place.

#### **Engaging and involving people using the service, the public and staff, fully considering their equality characteristics**

Staff were involved in developing the service. Systems to record complaints and accidents / incidents were in place. Feedback was not actively sought from clients, but repeat referrals confirmed satisfaction with the service provision.

#### **How does the service continuously learn, improve, innovate and ensure sustainability**

Staff received on-going refresher training. The manager and registered nurses received revalidations with their appropriate professional body. The manager's annual appraisal encompassed a peer review / audit of the agency's clinical records.