

# Roodlane Medical Limited - Victoria, part of HCA Healthcare UK Primary Care Services

## Inspection report

Victoria Station  
Main Concourse  
London  
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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

## Ratings

Overall rating for this location	Good	
Are services safe?	Good	
Are services effective?	Good	
Are services caring?	Good	
Are services responsive to people's needs?	Good	
Are services well-led?	Good	

# Overall summary

## How we inspected this service

We carried out an announced inspection at Roodlane Medical Limited (Victoria). This was as part of our inspection programme; the service had previously been inspected but not rated. We rated the **service as Good overall**.

This service is registered with CQC under the Health and Social Care Act 2008 in respect of some, but not all, of the services it provides. There are some exemptions from regulation by CQC which relate to particular types of regulated activities and services and these are set out in Schedule 1 and Schedule 2 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At Roodlane Medical Limited (Victoria) services are provided to some patients under arrangement made by their employer. These types of arrangements are exempt by law from CQC regulation. Therefore, at Roodlane Medical (Victoria), we were only able to inspect the services which are not arranged for patients by their employers.

To get to the heart of patients' 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 therefore formed the framework for the areas we looked at during the inspection.

The key questions at this inspection were rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

## Our key findings were:

- The service had good systems to manage risk so that safety incidents were less likely to happen. When they did happen, the service learned from them and improved their processes.
- The service routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence-based guidelines.
- Staff involved and treated people with compassion, kindness, dignity and respect.
- Patients were able to access care and treatment from the service within an appropriate timescale for their needs.
- There was a strong focus on continuous learning and improvement at all levels of the organisation.

Whilst we found no breaches of regulations, the provider **should**:

# Overall summary

- Continue to develop clinical audits relevant to the location.

**Dr Rosie Benneyworth BM BS BMedSci MRCGP**

Chief Inspector of Primary Medical Services and Integrated Care

## Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a CQC GP specialist advisor.

## Background to Roodlane Medical Limited - Victoria, part of HCA Healthcare UK

### Primary Care Services

Roodlane Medical (Victoria) is run by Roodlane Medical Limited, part of HCA Healthcare UK Primary Services. The service is based at Victoria Rail Station, Main Concourse, London, SW1V 1JT. In addition to the Victoria location, Roodlane Medical Limited provides GP services from six further locations in London, one in Birmingham and one in Glasgow (which is outside of our regulatory remit).

The Roodlane (Victoria) location was visited for this inspection. The location is a multidisciplinary primary care site, equipped to carry out GP appointments, health screening and vaccination services. Most of the patients have services arranged through their employer, but some pay directly for their care and treatment.

Female and male doctors work at the practice supported by a nurse, physiotherapist and receptionist. The HCA Healthcare corporate team provide additional support to the whole team.

Consulting hours are 8am to 6pm Monday to Friday. A telephone line is available for consultations from 7.30am to 9pm Monday to Friday and 9am to 5pm at weekends. No service is provided on bank holidays.

Before the inspection we reviewed pre-inspection information submitted by the provider, requested by the CQC.

During our visit we spoke with the lead GP and Compliance Manager. A presentation regarding the organisation of Roodlane was given by the Chief Executive Officer and Director for Primary Care Clinical Services of Roodlane Medical Limited. We also reviewed personal care records of patients and also reviewed staff records. No patients were available to speak to on the day of inspection.

The provider is registered with the CQC to carry out the regulated activities of diagnostic and screening procedures; and the treatment of disease, disorder or injury.

# Are services safe?

**We rated safe as Good.**

## **Safety systems and processes**

**The service had clear systems to keep people safe and safeguarded from abuse.**

- The provider conducted safety risk assessments. It had safety policies, including Control of Substances Hazardous to Health and Health & Safety policies, which were regularly reviewed and communicated to staff. Staff received safety information from the provider as part of their induction and refresher training. All electronic equipment had an up to date portable appliance test carried out, and all clinical equipment had recently been calibrated. The practice had carried out a legionella risk assessment and was able to evidence that actions recommended by the report were being regularly carried out, which included water temperature logging. The provider ensured that facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions. There were appropriate systems for safely managing healthcare waste.
- The service had systems in place to assure that an adult accompanying a child had parental authority.
- The service had systems to safeguard children and vulnerable adults from abuse.
- The service worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect. Specific work was carried out with the National Domestic Abuse Helpline to help signpost patients to specialist services close to their home.
- The provider carried out staff checks at the time of recruitment and on an ongoing basis where appropriate. Disclosure and Barring Service (DBS) checks were undertaken where required. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- All staff received up-to-date safeguarding and safety training appropriate to their role. The doctors and nursing staff had conducted level 3 safeguarding training and receptionist level 1. All staff interviewed knew how to identify and report concerns.
- All staff were trained in basic life support and first aid. Staff we interviewed were able to adequately explain what they would do in the case of an emergency.
- Staff who acted as chaperones were appropriately trained for the role.
- The practice was visibly clean and hygienic, there was an effective system to manage infection prevention and control, the policy and procedures had been enhanced and updated to reflect the ongoing COVID-19 pandemic.

## **Risks to patients**

**There were systems to assess, monitor and manage risks to patient safety.**

- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. They knew how to identify and manage patients with severe infections, for example sepsis.
- When there were changes to services, these were assessed and the impact on safety monitored.
- There were appropriate indemnity arrangements in place.
- There were suitable medicines and equipment to deal with medical emergencies which were stored appropriately and checked regularly.

## **Information to deliver safe care and treatment**

**Staff had the information they needed to deliver safe care and treatment to patients.**

# Are services safe?

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The service had systems for sharing information with NHS GPs and other agencies to enable them to deliver safe care and treatment.
- The service had a system in place to retain medical records in line with Department of Health and Social Care (DHSC) guidance in the event that they cease trading.
- The practice had a strong working relationships with a large network of specialist consultants. They made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.

## Safe and appropriate use of medicines

### The service had reliable systems for appropriate and safe handling of medicines.

- The systems and arrangements for managing medicines, including vaccines, controlled drugs, emergency medicines and equipment minimised risks. The service kept prescription stationery securely and monitored its use.
- The service prescribed Schedule 2 and 3 controlled drugs (medicines that have the highest level of control due to their risk of misuse and dependence). Systems were also in place to prescribe schedule 4 or 5 controlled drugs. The service had not administered any controlled drugs since re opening after the Covid-19 pandemic.
- Staff prescribed or
- administered medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. Processes were in place for checking medicines and staff kept accurate records of medicines. Where there was a different approach taken from national guidance there was a clear rationale for this that protected patient safety.

## Track record on safety and incidents

### The service had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.
- The service monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

## Lessons learned and improvements made

### The service learned and made improvements when things went wrong.

- The practice did not have any significant events recorded in the last 12 months as the practice had only recently re opened after the Covid-19 pandemic. We were satisfied there was an effective system for recording and acting on significant events. This included a shared learning from an incident bulletin that was available for all staff to read and discuss in meetings. Events for the bulletin were provided from all Roodlane sites to aid in shared learning throughout the organisation. All events were inputted onto a shared computer system for central governance oversight. Staff fully understood their duty to raise concerns and report incidents and near misses.
- There were systems for reviewing and investigating when things went wrong. The service learned and shared lessons, identified themes and took action to improve safety in the service.
- The provider was aware of and complied with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty. The service had systems in place for knowing about notifiable safety incidents

## Are services safe?

- The service acted on and learned from external safety events as well as patient and medicine safety alerts. The service had an effective mechanism in place to disseminate alerts to all members of the team including sessional and agency staff. For example we saw a 2022 alert from the Medicines and Healthcare products Regulatory Agency (MHRA) regarding Benzylpenicillin. We saw this alert was recorded and acted upon by the practice. The practice reviewed all stock of the medicine that they held and disposed of any that fell within breach of the alert sent out by the agency.

# Are services effective?

**We rated effective as Good.**

## **Effective needs assessment, care and treatment**

**The provider had systems to keep clinicians up to date with current evidence based practice. We saw evidence that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance (relevant to their service)**

- The provider assessed needs and delivered care in line with relevant and current evidence based guidance and standards such as the National Institute for Health and Care Excellence (NICE) best practice guidelines.
- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing.
- Clinicians had enough information to make or confirm a diagnosis.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff assessed and managed patients' pain where appropriate.

## **Monitoring care and treatment**

### **The service was actively involved in quality improvement activity**

The service had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided.

- The service was actively involved in quality improvement activity.
- Audits had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to resolve concerns and improve quality.
- We saw evidence of both clinical and non-clinical audits.
- The practice had only recently reopened following the Covid-19 pandemic and had yet to carry out its own clinical audits. However all audits carried out by the Roodlane locations are discussed and shared to aid in learning and change in procedure. The practice had sight of these audits and implemented new procedures into their practice.
- We reviewed an audit of monthly cervical screening carried out across Roodlane. This was to ensure that all abnormal results had been returned by the laboratory, reviewed and patients appropriately contacted to discuss results and be made aware of any future plans and management.
- We reviewed an additional clinical audit which assessed the completion of the contraceptive template to ensure medical history, blood pressure, and BMI had been taken. It also reviewed whether appropriate counselling on how to take the medicines had been provided. The audit was carried out in 2019. Fifty records were reviewed over all sites. There was less than 90% compliance. The audit was repeated in 2021 with over 90% compliance in all areas except the area of checking BMI as practices had to rely on patients providing this remotely and it was not always being provided straight away.

## **Effective staffing**

### **Staff had the skills, knowledge and experience to carry out their roles.**

- All staff were appropriately qualified. The provider had an induction programme for all newly appointed staff.
- GP's were registered with the General Medical Council and were up to date with revalidation.



# Are services effective?

- The provider understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.

## **Coordinating patient care and information sharing**

### **Staff worked together, and worked well with other organisations, to deliver effective care and treatment.**

- Patients received coordinated and person-centred care. Staff referred to, and communicated effectively with, other specialist services and clinicians when appropriate.
- Before providing treatment, doctors at the service ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history. We saw examples of patients being signposted to more suitable sources of treatment where this information was not available to ensure safe care and treatment.
- All patients were asked for consent to share details of their consultation and any medicines prescribed with their NHS GP on each occasion they used the service.
- The provider had risk assessed the treatments they offered. They had identified medicines that were not suitable for prescribing if the patient did not give their consent to share information with their NHS GP, or they were not registered with an NHS GP. For example, medicines liable to abuse or misuse, and those for the treatment of long term conditions such as asthma. Where patients agreed to share their information, we saw evidence of letters sent to their NHS GP in line with GMC guidance.
- Patient information was shared appropriately (this included when patients moved to other professional services), and the information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way. There were clear and effective arrangements for following up on people who had been referred to other services.
- The service monitored the process for seeking consent appropriately.

## **Supporting patients to live healthier lives**

### **Staff were consistent and proactive in empowering patients, and supporting them to manage their own health and maximise their independence.**

- Where appropriate, staff gave people advice so they could self-care.
- Risk factors were identified, highlighted to patients and where appropriate highlighted to their normal care provider for additional support.
- Where patients needs could not be met by the service, staff redirected them to their NHS GP or to an appropriate service or specialist consultant for their needs.

## **Consent to care and treatment**

### **The service obtained consent to care and treatment in line with legislation and guidance.**

- Staff understood the requirements of legislation and guidance when considering consent and decision making.
- Staff supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.

# Are services caring?

**We rated caring as Choose a rating because:**

## **Kindness, respect and compassion**

### **Staff treated patients with kindness, respect and compassion.**

- The service sought feedback on the quality of clinical care. Patients received a text message following a consultation which gave a link to a survey which allowed them to provide feedback. Since the service had reopened, two responses had been received and both were positive about the service provided.
- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients.
- The service gave patients timely support and information.

## **Involvement in decisions about care and treatment**

### **Staff helped patients to be involved in decisions about care and treatment.**

- Interpretation services were available for patients who did not have English as a first language. Information leaflets were available in easy read formats to help patients be involved in decisions about their care.
- Feedback we reviewed showed patients felt they were listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.
- For patients with learning disabilities or complex social needs family, carers or social workers were appropriately involved.
- Staff communicated with people in a way that they could understand, for example, communication aids and easy read materials were available upon request.
- A patient portal had been implemented which allowed patients direct access to medical records, allow patients to book appointments and give access to leaflets on a range of medical conditions.

## **Privacy and Dignity**

### **The service respected patients' privacy and dignity.**

- Staff recognised the importance of people's dignity and respect.
- Staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

# Are services responsive to people's needs?

**We rated responsive as Good because:**

## **Responding to and meeting people's needs**

- The service organised and delivered services to meet patients' needs. It took account of patient needs and preferences.
- The provider improved services where possible in response to patient feedback and unmet needs.
- The service had a system in place that alerted staff to any specific safety or clinical needs of any person using the service.
- The facilities and premises were appropriate for the services delivered. The practice was located on the second floor accessible by a lift straight into the reception area from the main station concourse.

## **Timely access to the service**

**Patients were able to access care and treatment from the service within an appropriate timescale for their needs.**

- The practice was open five days a week for face to face consultations between 8am and 6pm. The practice did not open on a bank holiday. Remote consultations were available between 7.30am and 9pm Monday to Friday, and 9am and 5 pm on Saturday and Sunday.
- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately. Waiting times had been recently audited and had shown to have improved over the last two years.
- Patients with the most urgent needs had their care and treatment prioritised.
- Patient feedback demonstrated the appointment system was easy to use.
- The practice had a large network of private health care specialist consultants and services. We saw referrals to these consultants and services were undertaken in a timely way.

## **Listening and learning from concerns and complaints**

**The service took complaints and concerns seriously and responded to them appropriately to improve the quality of care.**

- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately.
- The service informed patients of any further action that may be available to them should they not be satisfied with the response to their complaint.
- The service had a complaint policy and procedures in place. The service learned lessons from individual concerns, complaints and from analysis of trends. It acted as a result to improve the quality of care. Complaints were handled at the practice and then uploaded to the company computer system for review by a senior GP. The corporate governance team would then disseminate learning to all locations to aid learning. If patients were not happy with the outcome of their complaint, they could take it to the HCA corporate complaints function and then ISCAS (Independent Sector Complaints Adjudication Service). The practice had not received any complaints in the last 12 months.

# Are services well-led?

**We rated well-led as Good because:**

## **Leadership capacity and capability;**

**Leaders had the capacity and skills to deliver high-quality, sustainable care.**

- The senior management were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them. One of the main challenges was ensuring that patients on high risk medicines are safely prescribed and ensuring that they did not receive a duplicate prescription from another health provider. The provider had policies in place to ensure that this did not occur.
- The lead GP was visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- There were effective processes to develop leadership capacity and skills.

## **Vision and strategy**

**The service had a clear vision and credible strategy to deliver high quality care and promote good outcomes for patients.**

- There was a clear vision and set of values to provide the best possible healthcare. The service had a realistic strategy and supporting business plans to achieve priorities.
- The service developed its vision, values and strategy jointly with staff.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them
- The service monitored progress against delivery of the strategy.

## **Culture**

**The service had a culture of high-quality sustainable care.**

- Staff felt respected, supported and valued. They were proud to work for the service.
- The service focused on the needs of patients.
- Clinicians acted on behaviour and performance inconsistent with the vision and values.
- Staff told us they could raise concerns and were encouraged to do so. They had confidence that these would be addressed. A freedom to speak up guardian was available for advice and support. A colleague council and regular staff surveys were also held on a quarterly basis to discuss any wider issues.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation, training and development where necessary.
- There was a strong emphasis on the safety and well-being of all staff. For example, staff were supported throughout the Covid-19 pandemic through areas such as the option to work from home, free accommodation and parking if having to work away from home to emotional and financial support.
- The service actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

## **Governance arrangements**

# Are services well-led?

## **There were clear responsibilities, roles and systems of accountability to support good governance and management.**

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- Effective governance structures were in place for the location which fed into the Roodlane central governance structures. There were central leads for all areas of governance which were there to support local leads.
- Staff were clear on their roles and accountabilities
- Leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.
- The service used performance information which was reported and monitored and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

## **Managing risks, issues and performance**

### **There were clear and effective processes for managing risks, issues and performance.**

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The service had processes to manage current and future performance. Performance of clinical staff could be demonstrated through internal company audit and external audit of their consultations, prescribing and referral decisions. The lead GP had oversight of safety alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was some evidence of action to change services to improve quality through review of audits carried out at other locations to ensure the practice is carrying out the same procedures. As the practice had only recently reopened after the Covid-19 pandemic, no bespoke audits had been undertaken.
- The provider had plans in place and had trained staff for major incidents. This was evident through the response to the Covid-19 pandemic which saw the formation of a 'Pandemic Control Team' who organised staff briefings, updated guidance and policy and provided access to Personal Protective Equipment (PPE).

## **Appropriate and accurate information**

### **The service acted on appropriate and accurate information.**

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.

## **Engagement with patients, the public, staff and external partners**

### **The service involved patients, the public, staff and external partners to support high-quality sustainable services.**

# Are services well-led?

- The service encouraged and heard views and concerns from the public, patients, staff and external partners and acted on them to shape services and culture.
- We saw evidence of feedback opportunities for staff and how the findings were fed back to staff. We also saw staff engagement in responding to these findings.
- The service was transparent, collaborative and open with stakeholders about performance.

## **Continuous improvement and innovation**

### **There was evidence of systems and processes for learning, continuous improvement and innovation.**

- There was a focus on continuous learning and improvement.
- The service made use of internal and external reviews (through doctors peer meetings, and central governance meetings) of incidents and complaints.
- Learning was shared and used to make improvements. Once assessed and outcomes developed, incidents were published and put on display in the practice for all staff learning.