

Roodlane Medical Limited

Roodlane Medical Limited – Cornwall Street, part of HCA Healthcare UK Primary Care Services

Inspection report

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Overall summary

We carried out an announced comprehensive inspection on 24 October 2018 to ask the service the following key questions; Are services safe, effective, caring, responsive and well-led?

Our findings were:

Are services safe?

We found that this service was providing safe care in accordance with the relevant regulations

Are services effective?

We found that this service was providing effective care in accordance with the relevant regulations

Are services caring?

We found that this service was providing caring services in accordance with the relevant regulations

Are services responsive?

We found that this service was providing responsive care in accordance with the relevant regulations

Are services well-led?

We found that this service was providing well-led care in accordance with the relevant regulations

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the service was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

Roodlane Medical Limited – Cornwall Street is a private GP service, providing a broad range of health services including GP consultations, health and wellbeing screening and occupational health services.

Summary of findings

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 general exemptions from regulation by CQC which relate to particular types of service and these are set out in Schedule 2 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At Roodlane Medical Limited – Cornwall Street, services are also provided to patients under arrangements made by their employer or an insurance company with whom the service user holds a policy (other than a standard health insurance policy). These types of arrangements are exempt by law from CQC regulation. Therefore, at Roodlane Medical Limited – Cornwall Street, we were only able to inspect the services which are not arranged for patients by their employers or an insurance company with whom the patient holds a policy (other than a standard health insurance policy).

The lead GP is the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We received 17 completed CQC comment cards from service users. All the comments were positive about the service and staff. There were no appointments booked on the day of the inspection and therefore we were unable to speak with any patients.

Our key findings were:

- The service had clear systems to manage risk so that safety incidents were less likely to happen. There were arrangements in place for sharing and learning.
- The service 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 patients with compassion, kindness, dignity and respect.
- Patients could access appointments and services in a way and at a time that suited them. Patients could be seen on the same day and there were clear pathways for seamless referrals to specialist services and facilities.
- There were clear responsibilities, roles and systems of accountability to support good governance and management.

There were areas where the provider could make improvements and should:

- Review the arrangements in place for analysing feedback from patient surveys so that the performance of each service location is clearly demonstrated.

Professor Steve Field CBE FRCP FFPH FRCGP Chief Inspector of General Practice

Roodlane Medical Limited – Cornwall Street, part of HCA Healthcare UK Primary Care Services

Detailed findings

Background to this inspection

Roodlane Medical Limited – Cornwall Street, is based in central Birmingham and the service location was registered with CQC in November 2017. There are eight other service locations in Central London which are Canary Wharf, Baker Street, Fleet Street, Tower Hill, Bank, New Broad Street, Tooley Street and Victoria. Roodlane Medical Limited is part of the corporate brand HCA Healthcare UK which provides the overarching governance framework and the senior management structure.

Roodlane Medical Limited – Cornwall Street is a private GP services providing services such as GP consultations, health and wellbeing screening, occupational health, psychology and physiotherapy services. Services are delivered at the Birmingham location or internal referrals are made to other service locations within HCA Healthcare UK. Patients are also referred to specialist consultants and facilities on a private basis. The service provides care and treatment to only adults aged 18 years and older. At the time of the inspection the service had less than 100 patients registered. Since the service registered in November 2017, the service has carried out 39 GP consultations, 628 health screening and 541 occupational health appointments.

The staff team at Roodlane Medical Limited – Cornwall Street comprise of three GPs and one administrative staff. They are supported by the senior management and administrative team at HCA Healthcare UK.

The service is open Mondays to Fridays 8am to 5pm. When the service is closed patients access their usual GP or out of hours service provider. One of the senior doctors for Roodlane group is on call for any urgent test results to ensure these are reviewed and acted on promptly.

This inspection was undertaken on 24 October 2018 and was led by a CQC inspector with a GP specialist advisor.

Before the inspection we reviewed information that we held about the service as well as information sent to us by the provider.

During the inspection, we received feedback from people who used the service who had completed CQC comment cards. We spoke with staff including clinical and non-clinical staff and the senior management team, we also reviewed documents and made observations.

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?

Detailed findings

- Is it well-led?

These questions therefore formed the framework for the areas we looked at during the inspection.

Are services safe?

Our findings

Safety systems and processes

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

- The service had systems to safeguard children and vulnerable adults from abuse. Policies were regularly reviewed and were accessible to all staff. They outlined clearly who to go to for further guidance and there was a named local and corporate lead for safeguarding who staff could refer to for support and advice. A comprehensive safeguarding handbook was available to staff which included information on various types of abuse and incorporated areas such as domestic abuse and modern day slavery. There was a notice board in the staff room with information on safeguarding adults and children, The Mental Capacity Act and Deprivation of Liberty Safeguards.
- The provider had developed a system to discreetly sign post victims of domestic abuse to support and advice.
- 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. They knew how to identify and report concerns. Safeguarding children and vulnerable adults training was included as part of the induction programme for new staff and as ongoing refresher training to ensure staff kept update.
- Staff who acted as chaperones were trained for the role and had received a standard DBS check.
- There was an effective system to manage infection prevention and control. We saw that the environment was cleaned to a high standard. There was no overall infection control audit covering all aspects of infection prevention and control. However, individual audits had been completed in specific areas such as handwashing, the general environment and equipment and sharps.

- The practice had procedures in place to monitor the control of substances hazardous to health (COSHH) and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- The provider ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions and in good working order.
- There were systems for safely managing healthcare waste.

Risks to patients

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

- There were arrangements for planning and monitoring the number and mix of staff needed. Where needed regular agency staff were requested to ensure consistency. Clinical staff had the opportunity to rotate across the various locations.
- There was an effective induction system for temporary staff tailored to their role.
- 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. There were sepsis flow charts in consulting rooms to further support and guide staff.
- The practice was equipped to deal with medical emergencies and staff were suitably trained in emergency procedures. There was oxygen, a defibrillator, and a supply of emergency medicines. A risk assessment had been carried out to determine which emergency medicines to stock. All were checked to make sure they would be effective when required.
- There were appropriate indemnity arrangements in place to cover all potential liabilities. This included public liability insurance and professional indemnity arrangements for clinical staff.
- There was a business continuity plan for major incidents such as power failure or building damage. This contained emergency contact details for suppliers and staff.

Information to deliver safe care and treatment

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

- There was a central electronic patient record system, which had safeguards to ensure that patient records

Are services safe?

were held securely and the level of access limited to appropriate staff. Information needed to plan and deliver care and treatment was available in a timely and accessible way. This included investigation and test results.

- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment. This included the patients NHS GP with consent from the patients
- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.
- The service had a documented approach to the management of test results and this was managed in a timely manner. There were arrangements in place to act on urgent results including when the service was closed.

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 emergency medicines and equipment minimised risks. At the time of the inspection the service did not have any vaccines in stock as there had been no demand for the service. However, we saw that there were arrangements in place for the safe storage of vaccines.
- The service only issued printed prescriptions to patients, sometimes these were sent electronically for dispensing. The service kept prescription stationery securely and monitored its use.
- The service had carried out a medicine audit to ensure prescribing was in line with best practice guidelines for safe prescribing.
- Staff did not administer or supply medicines to patients. However, patients were given advice on medicines prescribed in line with legal requirements and current national guidance. Staff kept accurate records of medicines prescribed on the central electronic patient record system.
- There were processes in place for the management of information about changes to a patients medicines received from other services. For example, a patient had been referred to a specialist who had prescribed a new medicine for the patients, we saw that the patients electronic records had been updated to reflect this.
- Staff told us of actions taken to support good antimicrobial stewardship and this reflected current national guidance. The lead GP had reviewed

antimicrobial prescribing although an audit had not yet been completed as there had not be sufficient antimicrobial prescribing due to the length of time the service had been in operation. Antimicrobial prescribing for all of the service locations were also monitored at a corporate level.

- There were effective protocols for verifying the identity of patients during remote or online consultations. This included a patient identifier system.
- At the time of the inspection the practice had not issued any high risk medicines. However, there was a policy in place and arrangements to notify the patients NHS GP to ensure ongoing monitoring.

Track record on safety

The service had systems in place to assess and manage safety

- There were comprehensive risk assessments in relation to safety issues. This included health and safety and fire risks.
- There was a policy for incident reporting and an electronic system for reporting and analysis of incidents and events at the service and across all locations. This enabled the provider to monitor and review activity understand risks and obtain a clear, accurate and current picture to implement safety improvements.

Lessons learned and improvements made

The service learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events. Staff understood their duty to raise concerns and report incidents and near misses. The service had been operating since November 2017, during this time there had been one significant event relating to a power failure. We saw evidence that the service had acted on the incident and learning had been shared.
- There were adequate 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. Significant events and incidents were discussed in regular team meetings.

Are services safe?

- The provider was aware of and complied with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty. There was a notice board in the staff room with information on Duty of Candour to promote staff awareness.
- The service had systems in place for knowing about notifiable safety incidents.
- 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 this was done through a centralised system and discussed at team meetings. We saw evidence of three alerts received from the Medicines and Healthcare Regulatory Agency (MHRA) which had been shared with staff.

Are services effective?

(for example, treatment is effective)

Our findings

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 and delivered care and treatment in line with current legislation and national guidance.

- Clinicians 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. For example, in the treatment and management of back and chest pain.
- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing. Patients were referred to specialist services as necessary.
- Clinicians had enough information to make or confirm a diagnosis.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.
- Staff assessed and managed patients' pain where appropriate.
- The provider had system to meet patients' needs, for example patients could log into a patient portal online using their smart phone, through which they could book appointments, securely access their medical records and complete health and wellbeing questionnaires ahead of their appointments. This ensured information was up to date and enabled the clinician to review relevant information prior to the appointment.

Monitoring care and treatment

The service was involved in quality improvement activity.

- The service used information about care and treatment to make improvements. A number of audits had been completed in areas such as hand hygiene, back pain and prescribing to ensure practice reflected national guidance.
- The service made improvements through the use of completed audits. We saw a first cycle audit completed on patients experiencing chest pains, the initial findings

highlighted that although oxygen saturation monitoring took place the results were not always documented. This highlighted a need to improve record keeping which was shared with all staff.

Effective staffing

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

- The provider had a learning academy which ensured oversight of staff training and development across all locations and ensured up to date records of skills, qualifications and training were maintained.
- All staff were appropriately qualified. The provider had an induction programme for all newly appointed staff, this included a local and corporate induction.
- Relevant professionals (medical) were registered with the General Medical Council (GMC) and were up to date with revalidation.
- There was ongoing support for staff this included appraisals and mentoring.
- The provider understood the learning needs of staff and provided protected time and training to meet them. Staff were encouraged and given opportunities to develop.
- There were systems in place which enabled clinicians to have peer to peer discussions in real time and to seek advice and support from colleagues when needed, reducing isolation and promoting sharing and learning.

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 services when appropriate for example, psychological services and physiotherapy.
- 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. Patients had the opportunity to complete a health and wellbeing screening questionnaire online where they could log into a patient portal using their smart phone.
- Where relevant patients were asked for consent to share details of their consultation and any medicines

Are services effective?

(for example, treatment is effective)

prescribed with their registered GP. Clinical staff were aware of their responsibilities to share information under specific circumstances (where the patient or other people are at risk)

- 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 have been referred to other services.

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.
- The service provided a range of screening in areas such as cancer, heart and general lifestyle health. Patients were encouraged to undergo cervical tests, liver function and advanced cardiac screening tests based on their individual needs.

- Healthy lifestyle modification advice was provided opportunistically and on an ongoing basis in areas such as diet, exercise and weight management.
- Where patients need could not be met by the service, staff redirected them to the appropriate service for their needs. This included services local to them.

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.
- For patients whose costs were not being paid by their employer, treatment costs were clearly laid out and explained in detail before treatment commenced.

Are services caring?

Our findings

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Feedback from patients was positive about the way staff treated people.
- 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. We saw notices in the reception areas, informing patients this service was available.

- Patients told us through comment cards, that they felt 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.
- There was a hearing loop system in reception for patients with hearing impairment.
- The service had accessible facilities for patients with a disability.

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?

(for example, to feedback?)

Our findings

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 understood the needs of their patients and adjusted services in response to those needs. Appointments were available on the same day and a seamless referral processes was in place to specialist services and consultants. Patients could be seen at a location near to where they lived or worked.
- The premises were appropriate for the services delivered. Reasonable adjustments had been made so that people who required the use of a wheelchair could access the service which included a lift and accessible facilities.

Timely access to the service

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

- There was centralised booking system for appointments. All patient calls were handled by a call centre. Telephone call response times were monitored to ensure calls were answered in a timely manner.
- Waiting times, delays and cancellations were minimal and managed appropriately. Data showed 57% of patients attending the service in Birmingham were seen within five minutes of their appointment time, and 27% were seen within 15 minutes of their appointment time.
- Patients had timely access to initial assessment, test results, diagnosis and treatment. Patients could log into a patient portal online using their smart phone and securely access their medical records.

- Patients with the most urgent needs had their care and treatment prioritised.
- Patients reported that the appointment system was easy to use.
- Referrals and transfers to other 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. The service had been in operation a year and there had been only one informal complaint. This related to patient who felt they had not received adequate information about their appointment. This had been appropriately actioned by the service.
- 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. This included details of the Independent Healthcare Sector Complaints Adjudication Service (ISCAS).
- The service had complaint policy and procedures in place. The service learned lessons from individual concerns and complaints and also from analysis of trends through a centralised recording system.
- Complaints were included in the remit of the corporate governance committee and discussed at governance meetings. This enabled oversight of themes and trends. Learning outcomes from complaints were disseminated to managers across all service locations to share with staff in team meetings.

Are services well-led?

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action?)

Our findings

Leadership capacity and capability;

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

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. Members of the senior management team including the chief executive and executive director of Primary Care used regular newsletter to engage with staff, keep staff up to date with changes and celebrate achievements.
- The senior management team worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the service.

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. The aim was to deliver quick access to high quality healthcare.
- The service had a realistic strategy and supporting business plans to achieve priorities and this was regularly reviewed by the corporate governance committee.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The service had a written mission statement which was on display which highlighted a commitment to care and improvement.
- 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.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and

complaints. For example, the service acted on an informal complaint from a patient who was unhappy with the information they had received about their appointment. The service forwarded this on to the relevant team to investigate further.

- The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour, this included providing training for staff.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. The provider had a dedicated learning academy which ensured delivery of the training programme for staff.
- All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary. Clinical staff were provided with time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff. Staff had access to the Employees Assistance Programme to help promote wellbeing and provide staff with the opportunity to obtain support if needed.
- The service actively promoted equality and diversity. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

Governance arrangements

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 provider had a corporate governance committee with oversight and accountability of the governance across all service locations. The chief nursing officer was the chair of the governance committee and regular meetings were held. Managers from each service location either attended in person or by conference call. Incidents and complaints were discussed in the governance meetings and then shared with staff at team meetings
- Staff were clear on their roles and accountabilities

Are services well-led?

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action?)

- Leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

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 audits such as prescribing and record keeping.
- Leaders had oversight of safety alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was evidence of action to change services to improve quality.
- The provider had plans in place and had trained staff for major incidents.

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.
- 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.
- The service submitted data or notifications to external organisations as required.

- 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. Staff had received training on information governance.

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.

- Patients could provide feedback by completing an online survey which was issued after each appointment. The results from all service locations were collated and analysed every three months. We saw that the feedback was very positive about the service and staff. Feedback was shared with staff through newsletters and staff meetings. Individual comments relating to the Birmingham location could be identified and was positive however, there was no specific data for each service location as the results were merged into one set of data.
- There were opportunities for staff to provide feedback for example, team and one to one meetings.

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 of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.
- There were systems to support improvement and innovation work for example the use of technology such as smart phone application for patients to review their records and book appointments.
- The provider had completed the accreditations for the International Organization for Standardization (ISO) and Safe, Effective, Quality Occupational Health Service (SEQOHS).