

Roodlane Medical Limited

Baker Street Medical Centre

Inspection report

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Overall summary

We carried out an announced comprehensive inspection on 6 February 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 provides private general practitioner services.

This service is registered with CQC under the Health and Social Care Act 2008 in respect of some, but not all, of the private medical services it provides. There are some 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 Baker Street Medical Centre services are provided to patients under arrangements made by their employer. These types of arrangements are exempt by law from CQC regulation. Therefore, at Baker Street Medical Centre, we were only able to inspect the services which are not arranged for patients by their employers.

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.

Thirteen people provided feedback about the service, which was wholly positive.

Summary of findings

Our key findings were:

- The service had clear systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the service learned from them and improved.
- 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.
- Services were provided to meet the needs of patients.
- Patient feedback for the services offered was consistently positive.
- 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 prescribing of high risk medicines, to verify that it is carried out safely.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

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

- From the sample of documented examples we reviewed, we found there was an effective system for reporting and recording significant events; lessons were shared to make sure action was taken to improve safety in the practice. When things went wrong patients were informed as soon as practicable, received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The service had embedded systems, processes and practices to minimise risks to patient safety.
- GPs could describe safety processes for prescribing high risk medicines, although these were not fully documented. The provider had begun to audit prescribing, including of high risk medicines, to verify that it was carried out safely.
- Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.
- The service had adequate arrangements to respond to emergencies and major incidents.

Are services effective?

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

- Staff were aware of current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills and knowledge to deliver effective care and treatment.
- Staff had appraisals with personal development plans.

Are services caring?

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

- Feedback from patients was positive and indicated that the service was caring and that patients were listened to and supported.
- The provider had systems in place to engage with patients and seek feedback using a survey emailed to all patients after their appointment.
- Systems were in place to ensure that patients' privacy and dignity were respected.

Are services responsive to people's needs?

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

- The service understood its patient profile and had used this understanding to meet the needs of service users.
- For patients whose costs were not being paid by their employer, treatment costs were clearly laid out and explained in detail before treatment commenced.
- Patient feedback indicated they found it easy to make an appointment, with most appointments the same day.
- The service had good facilities and was well equipped to treat patients and meet their needs.
- Patient feedback was encouraged and used to make improvements. Information about how to complain was available and complaints were acted upon, in line with the provider policy.

Summary of findings

Are services well-led?

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

- The provider had a clear vision and strategy and there was evidence of good leadership within the service.
 - There were good systems and processes in place to govern activities.
 - Risks were assessed and managed.
 - There was a culture which was open and fostered improvement.
 - The provider took steps to engage with their patient population and adapted the service in response to feedback.
 - Staff feedback and ideas were used to improve the service.
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Baker Street Medical Centre

Detailed findings

Background to this inspection

Baker Street Medical Centre is run by Roodlane Medical Ltd, part of HCA Healthcare UK. Roodlane Medical Ltd is based at 60 New Broad Street, London EC2M 1JJ.

In addition to Baker Street Medical Centre, Roodlane Medical Ltd provides private medical services from eight other London locations and one location in Birmingham. The provider also provides services from one location in Glasgow which is not regulated by the CQC.

The Baker Street Medical Centre was visited for this inspection. Here, child and adult patients can access private GP care and travel medicine services (including vaccinations). Physiotherapy is also available. Most patients have the service arranged through their employers, but some pay directly for their care on a pay-per-use basis.

The practice is a new building, which is accessible to people who use a wheelchair or mobility aids. The area is well served by public transport.

Nine doctors work at the practice, one nurse, one physiotherapist and two receptionists.

Consulting hours are 8.30am to 6.00pm Monday to Friday (excluding bank holidays). Appointments are available within 24 hours, and sooner for urgent medical problems. Patients can book by telephone or e-mail and on-line.

We visited the Baker Street Medical Centre on 6 February 2018. The team was led by a CQC inspector, with a GP specialist advisor.

Before the inspection we reviewed notifications received from and about the service, and a standard information questionnaire completed by the service.

During the inspection, we received feedback from people who used the service, interviewed staff, made observations and reviewed documents.

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.

Are services safe?

Our findings

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

Safety systems and processes

There were systems, processes and practices to keep people safe and safeguarded from abuse. Staff had received training appropriate to their role (for example, safeguarding children level three for GPs) and understood their responsibilities. Support and guidance were available within the wider Roodlane group, from staff trained to safeguarding level four. Safeguarding procedures were documented and we discussed an example were the practice had used them.

Notices advised patients that chaperones were available. Chaperones had received training for the role and had received a Disclosure and Barring Service (DBS) check in line with the provider's policy for all staff. (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).

Recruitment procedures also checked on permanent and locum staff members' identity, past conduct (through references) and, for clinical staff, qualifications and registration with the appropriate professional body. Medical and nursing staff were supported with their professional revalidation.

We observed the practice to be clean and there were arrangements to prevent and control the spread of infections. The practice had a variety of other risk assessments and procedures in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). Equipment was monitored and maintained to ensure it was safe and fit for use.

Risks to patients

Staffing levels were monitored and there were procedures in place to source additional trained staff when required.

There were effective systems in place to manage referrals and test results.

Risks to patients (such as fire) had been assessed and actions taken manage the risks identified.

There were arrangements in place to respond to emergencies and major incidents:

- Staff records we checked (two clinical staff, one non-clinical) showed that these staff had completed annual basic life support (BLS) training, in line with guidance. The provider's training pathway listed BLS as to be completed every two years, but we were sent a separate risk assessment that separated staff with no patient contact (who would complete BLS training every two years) from those in a role with patient contact (who would complete BLS training annually).
- 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 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

There was a central electronic record system, which had safeguards to ensure that patient records were held securely. Information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the service's patient record system. This included investigation and test results.

There were arrangements in place to check the identity of patients, and the parental authority of adults accompanying children.

The provider had developed an online system for patients to access test results, subject to a check of their identity and approval from a GP that the test results were suitable for the patient to view by this method.

Safe and appropriate use of medicines

From the evidence seen, staff prescribed and gave advice on medicines in line with legal requirements and current national guidance.

Most patients attended only for care of acute conditions, and were referred to consultants or their NHS GP for follow up, so there was little prescribing of high risk medicines.

Are services safe?

The provider's guidance documents (prescribing guidelines for primary care and corporate medicines management manual) referred to some, but not all medicines that could be considered as high risk (e.g. it did not refer to methotrexate, an immune suppressant) and did not detail the checks that the GPs should make before prescribing, or the frequency that checks should be made. GPs were able to describe the process for safe prescribing of various high risk medicines. The provider had begun to audit prescribing, including of high risk medicines, to verify that it was carried out safely. Shortly after the inspection, the service sent us an updated prescribing protocol that included reference to methotrexate and made clear what guidance prescribers should use to determine the monitoring arrangements for medicines.

Staff told us of actions taken to support good antimicrobial stewardship and that an audit of antimicrobial prescribing was planned.

Most prescriptions were generated from the patient record system. There was some prescription stationery for handwritten prescriptions, and this was stored securely and monitored.

Medicines stocked on the premises were stored appropriately and monitored.

Track record on safety

There was a policy for incident reporting. The provider had just implemented an electronic system for reporting and analysis of incidents and events across all primary care sites.

In the last twelve months only one event had been recorded as a serious incident. The incident that had been formally assessed had led to improvements in safety – a revised emergency protocol shared with staff and placed on the wall of every clinical room. There were other events that had been appropriately handled and the learning shared, but as adverse incidents rather than serious incidents. Staff told us that they were being encouraged to use the electronic reporting system to report incidents of all types, and minutes of a practice meeting noted positively an increase in reporting since the new system had been introduced.

Lessons learned and improvements made

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 system for receiving and acting on safety alerts. The practice learned from external safety events as well as patient and medicine safety alerts. Systems and processes were in place to support patients in the event of a safety incident.

Are services effective?

(for example, treatment is effective)

Our findings

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

Effective needs assessment, care and treatment

Doctors assessed patients' needs and delivered care in line with relevant and current evidence based guidance and standards, such as National Institute for Health and Care Excellence (NICE) evidence based practice. When a patient needed referring for further examination, tests or treatments they were directed to an appropriate service.

Monitoring care and treatment

The provider had recently implemented a comprehensive audit programme, and we saw first cycle audits on the adherence to best practice in the care of patients with chest pain, in repeat prescribing, prescribing of non-steroidal anti-inflammatory drugs, consent for ear irrigation and patient records. The audits generally showed good compliance with guidance, although there were areas for improvement. There was analysis and agreed action for all of the audits and re-audits had been scheduled, to check that improvement had been made.

Effective staffing

All staff received a comprehensive induction, with different elements: corporate induction, local induction and role-specific training. A relatively newly-appointed GP explained that their induction had included three weeks sitting in with different GPs and sessions with a GP mentor for six weeks.

There was a training plan, which detailed topics and levels required to be covered by different members of staff. Training was arranged and monitored (for staff at all locations) by a central provider team. Staff members and their managers received reminders when training was due to be updated. Training included basic life support, fire safety, health and safety, infection control, safeguarding, and information governance. We reviewed the training records of three staff and found them to be complete.

Staff with particular roles had completed updates relevant to their work, e.g. in travel medicines.

Staff received annual appraisals. GPs received an appraisal from the provider (in addition to that required for revalidation by the GMC) which included feedback from

patients and corporate clients. We heard of an example where an issue had been identified with the performance of one staff member, which had been dealt with by providing additional support and supervision.

The information system allowed GPs to seek advice from a fellow GP in real time, for example, about best practice or referral options.

Coordinating patient care and information sharing

When a patient contacted the service they were asked if they were registered with an NHS GP, and if so, whether details of their consultation could be shared with their NHS GP. If patients agreed we were told that a letter was sent to 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) and we were told of examples where GPs had succeeded in getting consent to share information, after explaining the risks to the patients if they did not.

Where patients required a referral (for diagnostic tests or review by a secondary care clinician) this was generally arranged directly through a private provider. Otherwise details were supplied to the patient's NHS GP.

GPs were expected to review test results received within one day working day. Details were then shared with patients through an online system (where appropriate). Referrals to secondary care could be made on the same day as a GP consultation, and we heard of examples where this had led to good outcomes for patients in need of urgent treatment.

Supporting patients to live healthier lives

The service supported patients to live healthier lives by providing same day GP access for patients who worked or lived near the clinic location, many of whom did not have an NHS GP. These patients were able to access a GP, receive a diagnosis and medication where required in a single quick and convenient appointment with results being sent to the patient by their preferred method at no additional cost.

Consent to care and treatment

Staff understood and sought patients' consent to care and treatment in line with legislation and guidance. All clinical staff had received training on the Mental Capacity Act 2005.

Are services effective?

(for example, treatment is effective)

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

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

Kindness, respect and compassion

We observed that members of staff were courteous and helpful to patients and treated people with dignity and respect.

All feedback we saw about patient experience of the service was positive. We made CQC comment cards available for patients to complete two weeks prior to the inspection visit. We received twelve completed comment cards all of which were positive and indicated that patients were treated with kindness and respect. Comments included that patients felt the service offered was excellent and that staff were caring, professional and treated them with dignity and respect.

Following consultations, patients were sent a survey asking for their feedback. Patients that responded indicated they were very satisfied with the service they had received. Staff we spoke with demonstrated a patient centred approach to their work and this was reflected in the feedback we received in CQC comment cards and through the provider's patient feedback results.

Involvement in decisions about care and treatment

Feedback from the service's own post consultation survey indicated that staff listened to patients concerns and involved them in decisions made about their care and treatment.

The service used a number of means to communicate with patients who did not speak English as their first language. They employed clinicians who spoke some other languages, and there was access to a telephone translation service and face-to-face translators when required.

There was a hearing loop and reception staff could support patients in its use.

Privacy and Dignity

The provider respected and promoted patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect.
- The service had systems in place to facilitate compliance with data protection legislation and best practice.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

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

Responding to and meeting people's needs

The service was designed to offer quick, easy and efficient access to primary care, located in central London, to avoid patients having to wait or have undue time off work for an appointment.

Staff members had received training in equality and diversity. Consultations were available to any person who had signed up for the service through their employer or paid the fee directly.

Discussions with staff indicated the service was person centred and flexible to accommodate people's needs.

The facilities and premises were appropriate for the services delivered. There were arrangements to support patients who needed additional support, because of for example a hearing impairment.

There were also education sessions and a newsletter, about how to maintain health and wellbeing.

Patients had access to in-house psychological and physiotherapy services.

The provider had created online facilities to meet patients' needs, for example a smart phone app and online patient portal, through which patients were able to book appointments, securely access their medical records and manage their account and payment methods.

Timely access to the service

There was a central booking service for appointments and patients were offered the first appointment at the location of their choice. Telephone answering was monitored and (at the time of inspection) to ensure that calls were answered swiftly.

Consulting hours were 8.30am to 6.00pm Monday to Fridays (excluding bank holidays). Appointments were available within 24 hours, and sooner for urgent medical problems. Patients could book by telephone or e-mail and on-line.

Longer appointments were available when patients needed them.

Listening and learning from concerns and complaints

The provider encouraged and sought patient feedback. Every patient was sent a survey after their consultation and almost all rated their overall experience as good or very good. A patient focus group had recently been established.

Information on how to complain was available in the waiting room and on the provider's website. There had been five complaints in the past 12 months. These were handled in accordance with the published process, and the final responses included details of the procedure if the complainant was dissatisfied with the outcome.

There was evidence of improvement in response to complaints and feedback, including training for staff, changes to data systems and updated policies. Staff received information about complaints at local meetings.

Complaints from all of the locations were reviewed in governance meetings of the provider, to monitor for trends. Learning outcomes from other locations were shared with the registered manager, who shared them with staff at this location.

Are services well-led?

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

Our findings

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

Leadership capacity and capability

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

- Leaders had the experience, capacity and skills to deliver the service strategy and address risks to it.
- They 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. They 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.

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 service had a realistic strategy and supporting business plans to achieve priorities.
- Staff were aware of and understood the vision and values 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 we spoke to said they felt respected, supported and valued.
- 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. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.

- 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. 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 where necessary.
- Clinical staff, including nurses, were considered valued members of the practice team. They were given protected time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff.
- 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. There were regular staff meetings and minutes showed evidence that actions were followed up.

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 governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control
- Service 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 practice had processes to manage current and future performance. Performance of employed clinical

Are services well-led?

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

staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Service leaders had oversight of MHRA alerts, incidents, and complaints.

- A quality improvement programme was in place. The audit programme for 2017 and 2018 covered a range of areas, to monitor the quality of care and improve outcomes for patients. There was evidence of action to change practice to improve quality.
- The service had plans in place and had trained staff for major incidents.
- The service implemented service developments and where efficiency changes were made this was with input from clinicians to understand their impact on the quality of care.

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 used information technology systems to monitor and improve the quality of care.
- 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. The provider had been assessed as compliant with a best practice standard for data management (ISO 9001:2015/27001:2013).

Engagement with patients, the public, staff and external partners

The service sought and used the views of patients and staff and used feedback to improve the quality of services.

- Patient feedback was used to improve services. For example, following comments from patients on the routine survey, the provider refurbished consultation rooms, slowed the speed of the slide presentation in the waiting room and changed the central booking process to ensure that patients with assistance needs were recognised and supported.
- There was an annual staff survey, and we saw evidence of action plans created to address the issues raised. These had actions, dates for completion and success measures.

Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement at all levels within the service. Staff told us that they were encouraged to consider and implement improvements, and we saw some examples, for example a new process to ensure that clinical staff were aware of and had reviewed new protocols.
- Incidents and feedback, including complaints, were used to make improvements. There was evidence of learning being shared from the service and from other services in the group.
- There was evidence that monitoring was used to identify areas for improvement, which were then acted upon. For example, after it was identified that some patients were waiting longer after their appointment time than expected, the causes were identified and addressed.
- The provider sought external review of their systems and processes. In addition to the data management certification, the provider successfully sought independent accreditation for its occupational health work.