

# RoC Private Clinic Limited

## Inspection report

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remotely 5 September 2022  
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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

## **This service is rated as Good overall.**

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

We carried out an announced comprehensive inspection at RoC Private Clinic Limited (the London location) on 31 August 2022 as part of our inspection programme. The service provides online and in-person General Practice (GP) consultations for adults and children including travel immunisations.

RoC Private Clinic Limited (the London location) was also previously inspected in February 2019 and was found to be providing safe, effective, caring, responsive and well-led care and treatment.

## **Our key findings were:**

- The practice provided care in a way that kept patients safe and protected them from avoidable harm.
- Patients received effective care and treatment that met their needs.
- Staff dealt with patients with kindness and respect and involved them in decisions about their care.
- The practice organised and delivered services to meet patients' needs.
- The way the practice was led and managed promoted the delivery of high-quality, person-centre care.

The areas where the provider **should** make improvements are:

- Review and improve arrangements to consider DBS checks, including for temporary non-clinical staff.
- Review and improve systems to monitor and improve the quality of clinical care.
- Undertake a risk assessment to ensure appropriate medicines are held for the patient cohort in the event of a medical emergency.

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Chief Inspector of Hospitals and Interim Chief Inspector of Primary Medical Services

## Our inspection team

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

## Background to RoC Private Clinic Limited

RoC Private Clinic Limited was established in 2010 and provides face-to-face, remote and home visiting GP services for children and adults. Services include blood tests, cervical screening, allergy testing, and travel and childhood immunisations.

The provider is registered with the Care Quality Commission (CQC) for the regulated activities of Treatment of Disease, Disorder or Injury, Diagnostic & Screening Procedures.

The day-to-day running of the service is supported remotely by RoC Private Clinic Limited (Aberdeen branch) with on presence of the London based Registered Manager that is also the Lead GP. 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. The overall running of the whole service (London and Aberdeen) is overseen by RoC Private Clinic LTD founder and CEO.

This inspection was of the London branch of RoC Private Clinic Limited that is one of two branches; the other, larger branch, is based in Aberdeen in Scotland. The service is open Monday and Friday 10am to 2pm, and Tuesday, Wednesday and Thursday 9:30am to 5pm and sees up to 50 general practice patients per month.

RoC Private Clinic Limited (London) shares its systems and processes with the Aberdeen branch where most non-clinical services are outsourced to including HR, and accounting and marketing functions. At the time of our inspection the provider's IT patient information system had experienced a major outage for several weeks, staff were using a combination of backup IT and paper recording to sustain services to its patients in line with the provider's business continuity plans.

RoC Private Clinic Limited (London) 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. Occupational health services are provided to approximately 60% of patients at RoC Private Clinic Limited (London) under arrangements made by their employer, a government department or an insurance company. These types of arrangements are exempt by law from CQC regulation. Therefore, we were only able to inspect the services which are provided to approximately 40% of the service's patients and are not arranged for patients by their employers, a government department or an insurance company.

RoC Private Clinic Limited (London) employs a temporary receptionist and long-term locum GP. In addition, there is one cardiology consultant who works under practising privileges (the granting of practising privileges is a well-established process within independent healthcare whereby a medical practitioner is granted permission to work in an independent hospital or clinic, in independent private practice, or within the provision of community services).

### How we inspected this service

Throughout the pandemic CQC has continued to regulate and respond to risk. However, taking into account the circumstances arising as a result of the pandemic, and in order to reduce risk, we have conducted our inspections differently.

This inspection was carried out in a way which enabled us to spend a minimum amount of time on site. This was with consent from the provider and in line with all data protection and information governance requirements.

This included:

- Gathering information through staff interviews on site and through video conferencing.
- Completing clinical records reviews and discussing findings with the provider.
- Reviewing patient records to identify issues and clarify actions taken by the provider.

- Requesting evidence from the provider.
- A site visit.

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?

**We rated safe as good.**

## **Safety systems and processes**

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

- The provider conducted safety risk assessments; such as a fire safety risk assessment undertaken in January 2022 and a legionella risk assessment (for water safety) undertaken in June 2022. It had appropriate safety policies and procedures such as a fire procedure and procedures for reporting accidents and incidents, which were reviewed and communicated to staff.
- The service had systems to safeguard children and vulnerable adults from abuse and the provider told us its IT system had a flagging facility to alert staff to vulnerable patients.
- There were effective protocols for verifying the identity of patients including children. The service had systems in place to assure that an adult accompanying a child had parental authority.
- There were no safeguarding cases the provider had needed to act on, but it had arrangements in place to work with other agencies to support patients and protect them from neglect and abuse.
- The provider carried out staff checks at the time of recruitment and on an ongoing basis where appropriate, except for one recently employed non-clinical staff member who was trained to undertake chaperoning and no Disclosure and Barring Service (DBS) or related risk assessment was undertaken. However, this staff member was not undertaking chaperoning duties at the time of our inspection and Disclosure and Barring Service (DBS) checks were undertaken for all other staff 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, except for one temporary non-clinical staff member. All staff had access to appropriate safeguarding policies and knew how to identify and report safeguarding concerns.
- The provider ensured facilities and equipment were safe such as electrical safety and calibration checks for portable electrical appliances and clinical equipment; and premises fire alarms, emergency lighting, and fire extinguishers checks.
- There was an effective system to manage infection prevention and control including an infection control audit undertaken October 2021 that was acted upon. There were appropriate infection control policies and procedures such as for the management and disposal of clinical waste, and for the event of a needle stick injury. The premises and equipment were clean and tidy.

## **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.
- 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 medicines and equipment to deal with medical emergencies that were checked and fit for use.
- When there were changes to services or staff the service assessed and monitored the impact on safety. For example, the service's IT patient records system had a cyber-attack and full outage that started in August 2022. Systems remained down at the time of our inspection and the service implemented its business continuity with IT templates and paper records on a temporary basis to sustain its service provision for patients. Patient records we inspected indicated the provider's systems and arrangements were effective to and maintained safe and effective care and treatment for patients.

# Are services safe?

- There were appropriate indemnity arrangements in place.

## Information to deliver safe care and treatment

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

- 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 staff and other agencies to enable them to deliver safe care and treatment.
- The service had a system in place to retain medical records in the event that they cease trading.
- Clinicians 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 generally minimised risks. The provider had not undertaken a risk assessment to ensure emergency medicines held were appropriate for its patient cohort, but checks we made on the day of our inspection indicated essential medicines were available.
- The service kept prescription stationery securely and monitored its use.
- Controlled drugs (medicines that have the highest level of control due to their risk of misuse and dependence) were rarely prescribed and there was no repeat prescribing.
- Staff prescribed, administered or supplied 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.
- The service dispensed medicines to patients, including anti-malarial treatment and antibiotics for treatment of infections and provided patients with appropriate information verbally and through patient information leaflets.

## 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.

- There was a system for recording and acting on significant events. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- 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. For example, after a patient started a course of a vaccine that required multiple doses, but the provider did not have enough doses to complete the course in time

# Are services safe?

for the patient to travel. Staff identified an alternative service where the patient could receive the final dose in time to travel and apologised to the patient for the inconvenience caused. Staff discussed the issue at a meeting to share learning. The service changed its protocol to ensure all vaccine doses needed for an individual patient would be confirmed as available to ensure the service ability to administer the full course in good time.

- 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

When there were unexpected or unintended safety incidents:

- The service gave affected people reasonable support, truthful information and a verbal and written apology
- They kept written records of verbal interactions as well as written correspondence.
- 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.

# 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 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. For example, the provider undertook an audit to assess and improve in accordance with Standard 7 from the British Menopause Society (BMS) Practice Standards published in 2022, this was to ensure adherence to best practice guidelines for testosterone prescribing for women.
- 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.
- Clinicians routinely used NaTHNaC and the Green Book (the Green Book is a publicly available document on the principles, practices and procedures of immunisation in the UK produced by the Department of Health) to inform their assessments of patients.
- Chronic care and treatment involving repeat prescribing such as for long-term conditions was not routinely provided, because patients usually presented with a one-off (such as travel immunisation) or acute care need (such as an infection) need. The service referred patients to their own GP where appropriate and where needed.
- Staff assessed and managed patients' pain where appropriate.
- The service provided travel medicines including Yellow Fever vaccinations and undertook appropriate assessments. ROC Health Services is a fully designated Yellow Fever Vaccination Centre (YFVC).

## **Monitoring care and treatment**

**There was limited clinical quality monitoring and improvement activity.**

- The service used information about care to monitor treatment. We saw a single cycle audits for record keeping and to ensure adherence to best practice guidelines for testosterone prescribing for women that were undertaken. Further auditing was planned but there was no evidence of completed cycle or prescribing audits within the preceding two years.
- Patient's consultation clinical peer reviews were undertaken.

## **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.
- Relevant medical professionals were registered with the General Medical Council (GMC) and were up to date with revalidation.
- 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.
- Staff whose role included immunisation had received specific training and could demonstrate how they stayed up to date.



# Are services effective?

## Coordinating patient care and information sharing

### Staff 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, clinical staff made referrals to secondary care and for blood tests that were followed through.
- 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 registered GP.
- 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 GP, or they were not registered with a 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 registered GP in line with GMC guidance.
- Care and treatment for patients in vulnerable circumstances was coordinated with other services.
- 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.

## 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. For example, the pre-consultation template included questions around alcohol, exercise, and smoking for Doctors to act and advise on during the consultation.
- Where patients need could not be met by the service, staff redirected them to the appropriate service for their needs. Where appropriate, staff gave people advice so they could self-care.

## 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.
- The service monitored the process for seeking consent appropriately.

# Are services caring?

**We rated caring as good.**

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

- The service sought feedback on the quality of clinical care patients received.
- Feedback from patients was positive about the way staff treat people. For example, google reviews reflected a score of 4.7 out of five stars for patient satisfaction.
- 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 was available in easy read formats, to help patients be involved in decisions about their care. Information was available in languages other than English; for example, in relation to Covid-19.

**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.**

## **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 clients and improved services in response to those needs.
- The provider sent post consultation surveys to all its patients to help it review and refine the service.
- The provider facilities and premises arrangements were appropriate at the time of our inspection, to ensure they were appropriate for the services delivered.
- Reasonable adjustments were made so that people with specific requirements could access and use services on an equal basis to other such as a wheelchair access ramp. The provider did not have any deaf or hard of hearing patients and staff told us the provider would make appropriate arrangements such as a hearing loop should the need arise.

## **Timely access to the service**

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

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- There was no evidence of patients experiencing extended waiting times, delays or cancellations.
- Patients with the most urgent needs had their care and treatment prioritised.
- Referrals and transfers to other services were undertaken in a timely way. For example, urgent and routine referrals in line with clinical needs and patients were referred to their own GP where necessary.

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

**The service had systems in place to receive and act on complaints and improve the quality of care.**

- The service had not received any complaints but information about how to make a complaint or raise concerns was available.
- The service complaints policy 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 systems to ensure it learned lessons from individual concerns, complaints and from analysis of trends, such as discussion at regular meetings.

# Are services well-led?

**We rated well-led as good.**

## **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. 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 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 service had a realistic strategy and supporting business plans to achieve priorities.
- The service developed its vision, values and strategy jointly with staff across the London and Aberdeen branches of the company.
- 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.
- 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 patient feedback. For example, after a patient test result was slightly delayed, staff took action to speed up the process and contacted the patient to apologise. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour that were set out in its significant events procedure.
- Staff told us they could 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. Staff received regular annual appraisals in the last year.
- Staff were supported to meet the requirements of professional revalidation where necessary. Clinical staff were considered valued members of the team and given protected time for professional 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. 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 promoted interactive and co-ordinated person-centred care.
- 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.

## **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. Clinical audit had commenced, and the service acknowledged ongoing improvements were needed for clinical quality monitoring and improvement. Performance of clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Leaders had oversight of safety alerts, incidents, and complaints.
- 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.
- 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, including contingency arrangements at the time of our inspection.

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

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

- 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. For example, through capturing patient feedback through google reviews
- Staff could describe to us the systems in place to give feedback such as staff meetings, significant event forms, and one to one and appraisal meetings.
- The service was transparent, collaborative and open with stakeholders about performance.
- The provider authored monthly topical blogs on its website linking into national health awareness campaigns and topical health-related news.

# Are services well-led?

## 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 service hosted medical students from America to share learning and support those students in relation to health care in the UK.
- The service offered a total genome testing service with lifelong access to results to patients that wanted this and after appropriate discussions with those patients.