

Roodlane Medical Limited

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

Inspection report

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Overall summary

We carried out an announced comprehensive inspection on 30 November 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 care 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–Bank 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 Roodlane Medical Limited–Bank, some services are provided to patients under arrangements made by their employer. These types of arrangements are exempt by law from CQC regulation. Therefore, we only inspected the services which are not arranged for patients by their employers.

Summary of findings

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.

Seventeen people provided feedback about the service, which was entirely positive.

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.
- The service had good facilities and was well equipped to treat patients and meet their needs.
- Leadership, management and governance of the service assured the delivery of high-quality and person-centred care.

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

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

Detailed findings

Background to this inspection

Roodlane Medical Limited–Bank, is based in Central London and the service location was registered with CQC in June 2013. Roodlane Medical Limited has eight CQC registered locations in London and one location in Birmingham. Roodlane also provides services within other HCA Healthcare UK locations, including The Shard and The Wilmslow Hospital. 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–Bank is a private GP service providing services such as GP consultations, travel immunisations, physiotherapy, health and wellbeing screens. The patient population consists of mainly younger individuals the majority aged 25-60. A significant amount, 85% of the service provided is for corporate clients and their workforce located within the area, 15% of patients are self-paid.

Services are delivered at the Bank location or internal referrals within HCA Healthcare UK Primary Care Services. Patients are also referred to specialist consultants and facilities on a private basis. The service provides care and treatment to children and adults. The service had been closed for nine months for refurbishment and had reopened one week before the inspection. During the period from October 2017 to November 2018, excluding the months the service was closed, the service has carried out 2174 GP consultations and 480 medical screenings.

The staff team at Roodlane Medical Limited–Bank comprise of two 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 6pm. When the service is closed patients access their usual GP or out of hours service provider, they also have access to HCA and NHS Urgent Care Centres. 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 30 November 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?
- Is it well-led?

Detailed findings

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

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

- The provider conducted safety risk assessments. It had appropriate safety policies, which were regularly reviewed and communicated to staff. Staff received safety information from the service as part of their induction and refresher training. 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.
- The service had systems in place to assure that an adult accompanying a child had parental authority.
- The service worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The provider carried out staff checks at the time of recruitment and on an ongoing basis where appropriate.
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns.
- Notices advised patients that chaperones were available, staff who acted as chaperones were trained for the role and had received a DBS check, (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). It was the service's policy to request a Disclosure and Barring Services (DBS) check for all staff.
- There was an effective system to manage infection prevention and control.
- We observed the practice to be clean and there were arrangements to prevent and control the spread of infections through for example regular audits of hand hygiene, waste handling and sharps disposal protocols. 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 (COSHH) and Legionella (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. There were systems for safely managing healthcare waste.
- There was a designated emergency fire box kept in the reception area that contained, emergency contact details.

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 all staff tailored to their role. We saw this was a centralised process undertaken by the provider's head office.
- 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. On the wall in each clinical room and in reception there was a sepsis poster detailing what signs to identify and what to do.
- There was oxygen and a supply of emergency medicines. A defibrillator was also kept on the premises. This is a portable electronic device that analyses life threatening irregularities of the heart and is able to deliver an electrical shock to attempt to restore a normal heart rhythm. 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.
- When there were changes to services or staff the service assessed and monitored the impact on safety.
- There were appropriate indemnity arrangements in place to cover all potential liabilities.

Information to deliver safe care and treatment

Are services safe?

- Staff had the information they needed to deliver safe care and treatment to patients. 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 investigations, 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.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- 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 minimised risks. The service kept prescription stationery securely and monitored its use.
- The service carried out regular medicines audit to ensure prescribing was in line with best practice guidelines for safe 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.

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- There were effective protocols for verifying the identity of patients including children.

Track record on safety

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.
- The provider told us they had implemented an electronic system for reporting and analysis of incidents and events across all primary care sites. The provider had not had any significant events in the last 12 months, however they were able to share significant events experienced at other sites which had been discussed.

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.
- 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?

(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

The provider had systems to keep clinicians up to date with current evidence based practice. We saw evidence that clinicians assessed needs and delivered care in line with relevant and current evidence based guidance and standards such as the National Institute for Health and Care Excellence (NICE) best practice guidelines.

- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing.
- Clinicians had enough information to make or confirm a diagnosis.
- We saw no evidence of discrimination when making care and treatment decisions.
- Arrangements were in place to deal with repeat patients, however the provider told us they see very few patients with chronic conditions which might require regular appointments and reviews of treatment plans and medicines.
- Staff assessed and managed patients' pain where appropriate.

Monitoring care and treatment

The service was actively involved in quality improvement activity. The service showed us an audit programme that had been developed in 2017, and we were shown plans of an audit programme being re-launched in 2019. Examples of audits we saw included, a hand hygiene audit, environment & equipment, safe prescribing – Diclofenac, and safe prescribing of prescriptions.

- The service used information about care and treatment to make improvements. The service made improvements through the use of completed audits. Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to resolve concerns and improve quality.

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. All staff received a comprehensive induction, with different elements: corporate induction, local induction and role-specific training. The provider had a designated training academy that provided training, on-line, face to face or workshop based. There was an electronic training plan, which detailed topics and levels required to be covered by different members of staff. Training was arranged and monitored by a centrally based team. Staff members and their managers received reminders when training was due to be updated. Training included basic life support, infection prevention and control and safeguarding, fire and GDPR. We reviewed the training records of two staff members and found them to be complete.
- 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. We were told clinical staff were given five days paid study leave annually. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- 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.
- The information system allowed GPs to seek advice from a fellow GPs in real time, for example, about best practice or referral options.

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, 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.
- 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.

Are services effective?

(for example, treatment is effective)

- All patients were asked for consent to share details of their consultation and any medicines prescribed with their registered GP on each occasion they used the service.
- The provider had risk assessed the treatments they offered. They had identified medicines that were not suitable for prescribing if the patient did not give their consent to share information with their 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.
- 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.
- Where patients needs could not be met by the service, staff redirected them to the appropriate service for their needs.

Consent to care and treatment

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

- Staff understood the requirements of legislation and guidance when considering consent and decision making.
- Staff supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The service monitored the process for seeking consent appropriately.
- 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 a caring service in accordance with the relevant regulations.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion. We observed that reception staff were courteous and helpful to patients and treated people with dignity and respect.

- Feedback from patients was positive about the way staff treat people.
- 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.
- We received 17 completed CQC comment cards which were all positive and indicated that patients were treated with kindness and respect.

Involvement in decisions about care and treatment

Staff helped patients to be involved in decisions about 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 and receptionists who spoke other languages and there was access to a telephone interpreting service and face-to-face interpreters.
- 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 and reception staff could support patients in its use.
- 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.

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

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 who had paid the fee directly.

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 improved services in response to those needs. For example, a smart phone application and online patient portal allowed patients to book appointments, securely access their medical records and manage payments.
- The facilities and premises were appropriate for the services delivered.
- The service had a television in the reception area which displayed useful information for patients.
- After each consultation patients would be contacted to provide feedback on the service received.
- The service had also thought creatively about support offered to survivors of domestic violence and had produced a barcode sticker with support group numbers which could be discretely placed on items such as lipstick or bottled water.

Patient feedback on the service received was positive for example:

- Between October 2017 and February 2018 (98%) respondents fed back that they “had adequate time with the GP”.

- Between October 2017 and February 2018 (92%) of respondents rated overall experience as “good to very good”.

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.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- Patients reported that the appointment system was easy to use.
- Consulting hours were from 8am to 6pm Monday to Fridays (excluding bank holidays).
- Appointments were available within 24 hours, and sooner for urgent medical problems. Patients could book by telephone, e-mail and on-line. Longer appointments were available when patients needed them.
- Between October 2017 and February 2018, 88% of patients had been seen within five minutes of their appointment time.

Listening and learning from concerns and complaints

The service had processes and systems in place to take complaints and concerns seriously to improve the quality of care, however the service had not received any complaints in the last 12 months.

- Information about how to make a complaint or raise concerns was available.
- The service informed patients of any further action that may be available to them should they not be satisfied with the response to their complaint.
- The service had complaint policy and procedures in place. Complaints from all of the locations were reviewed centrally in governance meetings by 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 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 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 and external partners.
- 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 we spoke with said they 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. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff 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. They were given five days protected time for professional development and evaluation of their clinical work.
- The provider supported its staff in a number of ways, for example the provider had a buy a bike scheme for staff, staff could buy back annual leave, there was an employee assistance programme that staff could contact if required. All staff were given a happy a day calendar (this is a calendar developed by a charity to prompt people to do something that promotes happiness each day) and a monthly newsletter was provided to all staff.
- 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 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 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.

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 audit of their consultations, prescribing and referral decisions. 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 clear 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.

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.

- The public's, patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture.
- Patient feedback was used to improve services. For example, following comments from patients on the television screen in reception, the provider had reviewed the pace of how fast adverts for primary care information were displayed and slowed the screening time down.
- Staff were able to describe to us the systems in place to give feedback, for example there was an annual staff survey. We saw evidence of feedback opportunities for staff and how the findings were fed back to staff. We also saw staff engagement in responding to these findings.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

There were 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.
- 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.
- 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.