

Roodlane Medical Limited

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Inspection report

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Overall summary

We carried out an announced comprehensive inspection on 24 May 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.

RoodlaneMedical (New Broad Street) 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 RoodlaneMedical (New Broad Street) services are provided to patients under arrangements made by their employer. These types of arrangements are exempt by law from CQC regulation. Therefore, at RoodlaneMedical (New Broad Street), 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.

Summary of findings

Thirty seven 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. 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.
- Leadership, management and governance of the service assured the delivery of high-quality and person-centred care.

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?

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 clearly defined and embedded systems, processes and practices to minimise risks to patient safety.
- 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 provider understood its patient profile and had used this understanding to meet the needs of users. For example, because many patients had limited time availability, the service routinely monitored waiting times and took action as necessary to ensure performance was within agreed targets. 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.
- 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.

Summary of findings

- The provider 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.
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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 to provide quick and high quality healthcare; and there was evidence of good leadership within the service.
 - Risks were assessed and well 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.
 - Leadership, management and governance of the service assured the delivery of high-quality person-centred care.
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Roodlane Medical Limited

Detailed findings

Background to this inspection

RoodlaneMedical (New Broad Street) is run by Roodlane Medical Ltd, part of HCA Healthcare UK. The service is based at 60 New Broad Street, London EC2M 1JJ.

In addition to New Broad Street, 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 RoodlaneMedical (New Broad Street) was visited for this inspection. This is a multidisciplinary primary care site which offers GP appointments, health screening, occupational health appointments, psychology services, physiotherapy appointments and vaccination services.

Most patients have the service arranged through their employers, but some pay directly for their care on a pay-per-use basis.

Thirty two doctors and six psychologists/therapists work at the service; supported by three receptionists and a team of administrative staff.

In the past 12 months, the following have taken place at this location:

- 34,775 GP Consultations
- 6,995 Health Screens
- 4,251 Occupational Health Appointments

The service is accessible to wheelchair users and most patient facilities are located on the ground floor. Psychology services are located in the basement which is accessible via a lift.

Consulting hours are 8.00am to 5.30pm Monday to Friday (excluding bank holidays). Appointments are available within 24 hours, and sooner for urgent medical problems. Patients can book by telephone, e-mail and on-line. Out of core hours, a mobile phone is held by a senior doctor for the Roodlane group (this number is not shared with patients). In the event of a critical laboratory result which cannot wait until the next working day, the doctor will call the patient directly.

We visited RoodlaneMedical (New Broad Street) on 24 May 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 3 for GPs) and understood their responsibilities. Support and guidance were available within the wider Roodlane group, from staff trained to safeguarding level 4. Safeguarding procedures were documented and we discussed examples where the service had used them when referring concerns to local safeguarding bodies.

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 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 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). 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; and minutes of clinical governance meetings highlighted that the latter had recently been reviewed.

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

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

- Staff records we checked (three clinical staff, one non-clinical) showed that these staff had completed annual basic life support (BLS) training, in line with guidance.
- 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.

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 investigations, test results and, as necessary, copies of patients' NHS GP notes.

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.

Are services safe?

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.

We asked about the protocols in place to ensure the safe monitoring and prescribing of high risk medicines. These medicines require careful monitoring because of the potential for substantial harm. We were advised that two patients were currently being prescribed high risk medicines and that this was in accordance with the service's Primary Care and Corporate Medicines Management guidelines..

We reviewed the two records and were assured that the high risk medicines were being appropriately monitored and prescribed. For example, repeat prescription details from the patients' respective NHS doctors were on file.

Staff told us of actions taken to support good antimicrobial stewardship and records showed that an audit of antimicrobial prescribing was planned for June 2018.

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 recently implemented an electronic system for reporting and analysis of incidents and events across all primary care sites.

The provider had recorded 23 incidents total in the previous 12 months: of which 1 was rated as "moderate harm", 5 as "low harm" and 17 as "no harm caused". There were no incidents recorded as serious. Leaders spoke positively of an open and transparent culture where learning was shared. For example, records showed that in April 2018 a vaccines fridge door had been left open; resulting in the stored vaccines having to be quarantined and later destroyed.

The subsequent significant event analysis highlighted that a staff member had not secured the door properly and that it had been open for approximately 45 minutes. The analysis further identified that patients had not been affected and outlined key learning and improvements to vaccines fridge security. Records confirmed that this learning had been shared with staff at a routine clinical governance meeting which took place the following week.

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. Records confirmed that 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. This information was readily available on the service's intranet pages. 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. We were shown evidence of two 2 cycle clinical audits which had taken place in the previous 12 months. For example, in August 2017, the service audited clinicians' compliance with NICE best practice guidelines regarding recognition and response to acute illness (specifically looking at whether comprehensive pain history and relevant risk factors had been documented and the appropriateness of acute medical management).

The first cycle the audit highlighted that all 23 of the cases reviewed contained a comprehensive pain history, that 14 cases (61%) documented all relevant risk factors and that in 17 cases (74%) acute medical management was appropriate.

Following circulation of the results to doctors and discussion at clinical governance meetings, a May 2018 reaudit showed that all of the 20 cases identified contained a comprehensive pain history, that 11 cases (55%) documented all relevant risk factors and that in all 20 cases acute medical management was appropriate. We noted that an action plan had been introduced and that additional reaudits were proposed in order to further improve best practice compliance.

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 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. 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.

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).

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

Are services effective?

(for example, treatment is effective)

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.

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

The service checked that only an adult with parental authority or legal guardian status registered children.

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

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

Staff demonstrated a patient centred approach to their work and this was reflected in the feedback we received via CQC patient comment cards (which were available to patients in the two weeks prior to the inspection) and through the service's patient surveys (which were sent electronically post consultation to patients).

We received 37 completed CQC comment cards which were all positive and indicated that patients were treated with kindness and respect. For example, patients told us that staff were caring, professional and compassionate.

Patient feedback on the service received was also positive. For example:

- Between January and March 2018 641(98%) of the 655 respondents fed back that they “felt comfortable during their consultation”.
- Between January and March 2018 275 (78%) of the 354 respondents rated reception staff as “good”.

When we spoke with a receptionist they stressed the importance of treating each patient as an individual and with compassion.

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 and receptionists who spoke other languages and there was access to a telephone interpreting service and face-to-face interpreters.

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 who had paid the fee directly.

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

The facilities and premises were appropriate for the services delivered. There were arrangements to support patients who needed additional support including, for example, a hearing impairment loop. 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 used information technology to meet patient's needs. For example, a smart phone application and online patient portal allowed patients to book appointments, securely access their medical records and manage payments.

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 to ensure that calls were answered swiftly.

Consulting hours were 8.00am to 5.30pm 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.

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.

Information on how to complain was available in the waiting room and on the provider's website. There had been 28 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 staff training and updated policies. We noted that complaints management was a standing agenda item at clinical governance meetings.

Complaints from all of the locations were reviewed 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 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 developing cohorts of doctors as future leaders.

Vision and strategy

The service had a clear vision and credible strategy to provide quick access to high quality, patient centred care.

- 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 were considered valued members of the practice team. They were given protected time for professional development and evaluation of their clinical work.
- A newly appointed doctor spoke positively about the supportive work and learning environment.
- 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

Leadership, management and governance of the service assured the delivery of high-quality, person-centred care.

- 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.

Are services well-led?

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

- 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 staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Service leaders had oversight of Medicines and Healthcare products Regulatory Agency 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 and further 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 had reviewed the provision of newspapers and magazines in the reception/waiting area.
- 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.
- 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.