

Randex Health London Ltd

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Inspection report

Finsbury House
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London
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Ratings

Overall rating for this service

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. (Previous inspection: 31 May 2018, when it was found to be meeting the relevant standards).

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 Randex Health London Ltd on 31 May 2019 as part of our inspection programme. A copy of our previous inspection report can be found by going to <https://www.cqc.org.uk/location/1-2209414431> and selecting the Reports tab.

When we previously inspected the service in May 2018 we found the service was meeting the relevant standards, however, we identified some areas where the provider could make improvements and should:

Summary of findings

- Review the inclusion of child safeguarding, basic life support and Mental Capacity Act as part of the mandatory training.
- Consider implementing a two-cycle audit process as part of quality improvement activities.
- Review the patient consent form and consider including a provision to share information with the patient's NHS GP.
- Review the effectiveness of the current portable wheelchair ramp used to assist patients into the building.

As part of this inspection patients of the service were asked to give feedback to CQC about their experiences of using the service. We received responses about the service from 19 people. All comments we received were positive about the service with patients mentioning: staff were courteous professional and caring, the clinic was always clean when they visited and all their questions were answered.

Randox Health London is a private healthcare service providing health assessments for its patients using a range of screening processes. The screening process involves taking blood, urine samples

and noting the patient's bio-measurements, which includes height, weight, pulse and blood pressure readings. Patients purchase tests from a range of packages which include up to 350 biomarkers. Samples are tested in the onsite laboratory, which is registered as a separate entity..

Following the assessment and screening process, patients have a consultation with a healthcare expert (either a scientific consultant or a GP) to discuss the findings and any recommended lifestyle changes. Where necessary referrals to other services are made, for example to a specialist consultant.

Our key findings were:

- The service was in contact with its landlord to consider options for improving access for people who use wheelchairs.
- Mandatory training for all staff included child safeguarding, basic life support and the Mental Capacity Act.
- There was a system in place for recording and acting on significant events.
- We saw no evidence of discrimination when making care and treatment decisions.
- Feedback from patients was positive about the way staff treated people.
- Information about how to make a complaint or raise concerns was available.
- Leaders were knowledgeable about issues and priorities relating to the quality and future of services.

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

- Review and consider implementing use of local guidelines for antibiotic prescribing.
- Encourage patients to consent to information sharing with their NHS GP so it can form part of their lifetime medical record, and also create a protocol to appropriately list the medicines the service would not prescribe in the absence of consent to share information with the patients NHS GP.
- Consider implementing completed two-cycle clinical audit as part of quality improvement activity.
- Consider introducing a written risk assessment for medicines the service would not prescribe in the absence of consent to share information with patients NHS GP.
- Review and update all service policies and procedures regularly, to ensure they remain relevant.
- Continue to work to improve access for patients using wheelchairs.
- Introduce a formal agreement for the retention of medical records in line with Department of Health and Social Care (DHSC) guidance in the event the service ceases trading.
- Review and consider implementing regular checking of the water supply in line with recommendations in the most recent legionella test report.

Dr Rosie Benneyworth BM BS BMedSci MRCGP Chief Inspector of Primary Medical Services and Integrated Care

Randex Health London Ltd

Detailed findings

Background to this inspection

Randex Health London Ltd is a private healthcare service, registered with the Care Quality Commission since 2015 to provide the regulated activities of diagnostic and screening; and treatment of disease, disorder and injury. The providers headquarters are in Northern Ireland and it has another location in Liverpool.

The service provides health assessments through a range of health screening packages. Patients provide blood and urine samples which are processed in the on-site laboratory. The purpose of the screening is to provide a detailed review of a patients' current health status, and to identify any potential underlying health problems.

Following the screening process, a comprehensive report is generated and sent to the patient with information about their current and projected future health. The majority of packages purchased by patients include a consultation with a scientific consultant, other packages include a consultation with a GP. Scientific consultants are graduates in either a health or life science discipline, who have received further training to analyse and interpret patient results and give advice on how to make lifestyle changes affecting areas such as exercise, nutrition, sleep and stress management. Following a consultation with a scientific consultant if the patient wants further advice, they can opt to have a consultation with a GP. Any patients requiring further investigations, or any additional support, are referred to other services such as a medical consultant or advised to contact their NHS GP.

The service address is:

Finsbury House, 23 Finsbury Circus, London, EC2M 7EA.

The service is open Monday to Friday from 9.00am to 5.00pm and is open on request for appointments during extended hours between 7.00am to 9.00am and 5.00pm to 6.00pm and on Saturdays between 8.00am to 12.00pm. The staff at the location consist of: a clinic manager who also undertakes phlebotomy, a personal-co-ordinator, a scientific consultant and a part-time GP (working one day a week). The service is provided with regular support from the quality and operations managers who are based in Northern Ireland.

How we inspected this service

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

Prior to the inspection we reviewed a range of documentary evidence including: the providers Information Request (PIR) completed by the service, policies and procedures used by the service:

On the day of the inspection we spoke with the clinic manager, a scientific consultant and a GP. We also reviewed a wide range of documentary evidence including policies, written protocols and guidelines, recruitment, induction and training records, significant event analyses, patient survey results and complaints.

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 rated safe Radox Health London Ltd as Good because:

- There was a system for recording and acting on significant events.
- The provider carried out staff checks at the time of recruitment and on an ongoing basis where appropriate.
- There were arrangements for planning and monitoring the number and mix of staff needed.

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 and communicated to staff. They outlined clearly who to go to for further guidance. 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.
- The service only offered its testing to adults and advised patients no one aged under 18 would be allowed onto the premises without adult supervision. At the time of registering with the service patients provide their identification details including name, address, and date of birth.
- 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. Disclosure and Barring Service (DBS) checks were undertaken where required. DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable. It was the services policy to request a DBS check for all staff.

- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Staff who acted as chaperones were trained for the role and had received a DBS check.
- There was an effective system to manage infection prevention and control. The last infection prevention and control audit was in May 2018. All identified issues had been rectified, and the next audit was scheduled to be undertaken in June 2019.
- The service's landlord last undertook legionella testing in March 2018, at which time it found no issues with the water supply requiring rectification, however the report noted regular checking of the supply had ceased more than 12 months earlier and recommended it was re-instated.
- The provider ensured facilities and equipment were safe and equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.
- The provider carried out appropriate environmental risk assessments, which took into account the profile of people using the service and those who may be accompanying them.

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.
- The service did not employ agency staff. When there were staff shortages these were covered by staff from the providers other locations in Northern Ireland and Liverpool.
- The service did not offer primary care services, however there were trained first-aiders on site who were able to provide assistance to any patients who became unwell during their visit.
- When there were changes to services or staff the service assessed and monitored the impact on safety.

Information to deliver safe care and treatment

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

Are services safe?

- The service did not have a formal system in place to retain medical records in line with Department of Health and Social Care (DHSC) guidance in the event they ceased trading. During our inspection the service agreed to implement a suitable formal agreement.
- Individual care records were written and managed in a way which kept patients safe. The care records we saw showed 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.
- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance. Following a referral, the service followed-up to confirm the referral proceeded and the outcome. Where necessary GPs contacted patients to confirm this information.

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, including oxygen and a defibrillator, minimised risks. The service did not store prescription stationery, prescriptions were generated at the time of issue.
- Staff prescribed, medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. No medicines were kept at the location.

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 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. There had been no significant events recorded in the last 12 months.
- We reviewed the service's significant events policy and found it provided a procedure for reporting, investigation, review, any necessary notifications and service changes for an appropriate range of incidents, including near-misses.
- 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:

- Where appropriate 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 GPs.

Are services effective?

(for example, treatment is effective)

Our findings

We rated effective as Good because:

- We saw no evidence of discrimination when making care and treatment decisions.
- The provider assessed needs and delivered care in line with relevant and current evidence-based guidance.
- Patients received coordinated and person-centred care.

Effective needs assessment, care and treatment

The provider had systems to keep clinicians up to date with current evidence-based practice. We saw evidence clinicians assessed needs 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. However, the GP we spoke to was relying on antibiotic prescribing guidelines for Northern Ireland. We recommended the service adopt a standardised approach based on local prescribing 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. Patients records were retained on the secure electronic patient information system (PIS). Patients who wished to repeat their testing were required to confirm their identity details to the service and would then be provided access to the recently introduced online platform where they could access their records.
- The service had access to its own onsite laboratory which was capable of processing all tests patients required.

Monitoring care and treatment

The service was actively involved in quality improvement activity.

- Although the service was not undertaking any completed, two-cycle, audits as part of its improvement activity, it was undertaking other quality improvement activities, including:

- It used information about care and treatment to make improvements. For example, it undertook a range of repeated single-cycle audits, these included observations of staff interacting with patients to ensure, amongst other things, all necessary information was recorded during patient contacts. The findings of the audits were fed back to staff and used to highlight additional learning needs and, where necessary, any training requirements.
- It also encouraged feedback from patients, staff and external partners. Feedback was used to improve the services offered. For example, following the delivery of the service to the employees of a corporate client, the service had received feedback about delays in carrying out testing. When the service repeated the exercise, it made additional testing equipment available to mitigate the problem.

Effective staffing

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

- All staff were appropriately qualified, and the provider had an induction programme for all newly appointed staff.
- Relevant 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.

Coordinating patient care and information sharing

Staff worked together, and worked well with other organisations, to deliver effective care and treatment.

- Patients were not asked for consent to share details of their consultation and any medicines prescribed with their registered GP on each occasion they used the service. However, the service did tell patients they could choose to share their test results with their NHS GP, and when prescribing medicines, or making a referral to a specialist service, the GP encouraged patients to agree to sharing the information with their GP.

Are services effective?

(for example, treatment is effective)

- Patients received coordinated and person-centred care. Staff referred to, and communicated effectively with, other services when appropriate. We saw examples of appropriate referrals to specialist services.
- Before providing treatment, doctors and scientific consultants at the service ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history. We were told about patients being signposted to more suitable sources of treatment.
- The provider had identified medicines which 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. Although it had not undertaken a risk assessment for this purpose, the GP was able to appropriately list the medicines the service would not prescribe in the absence of consent to share information with the patients NHS GP. For example, medicines liable to abuse or misuse.
- 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 patients were referred on to specialist service for treatment. For example, we saw an appropriate patient referral letter to an Ear Nose and Throat (ENT) consultant.
- 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.

Are services caring?

Our findings

We rated caring as Good because:

- Feedback from patients was positive about the way staff treated people.
- Interpretation services were available for patients.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Feedback from patients was positive about the way staff treated 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.

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, as well as British Sign Language (BSL) for patients who used sign language, to help patients be involved in decisions about their care.
- Patients told us through comment cards, 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.

Privacy and Dignity

The service respected/did not respect patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect.
- Staff knew 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 rated responsive as Good because:

- There was a hearing loop available for the benefit of patients with impaired hearing and information leaflets could be printed in easy read formats.
- Information about how to make a complaint or raise concerns was available.

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.

- Adjustments had been made so people in vulnerable circumstances could access and use services on an equal basis to others. There was a hearing loop available for the benefit of patients with impaired hearing and information leaflets could be printed in easy read formats. The service was aware its wheelchair ramp access was not compliant with guidelines and had contacted its landlord to consider alternative solutions. However, the building the service occupied was subject to planning restrictions which prevented alteration of the steps used for access.
- The service did not advise patients on its website there were access issues for wheelchair users, however, during the inspection the service agreed to make changes to its website to make the restrictions to access clear to potential patients.
- The provider understood the needs of their patients and improved services in response to those needs. It had developed an app to enable patients to more easily access their records using mobile phones.
- The facilities and premises were appropriate for the services delivered.

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 reported the appointment system was easy to use.
- Referrals and transfers to other services were undertaken in a timely way. The service had built up working relationships with a number of specialist medical consultant services, this facilitated the ease and speed of the referral process.

Listening and learning from concerns and complaints

The service took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately.
- The service informed patients of any further action which 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. The service learned lessons from individual concerns, complaints and from analysis of trends. It acted as a result to improve the quality of care. The service had received three complaints in the last 12 months. These all related to its recent introduction of an online patient access portal. On first release patients complained it did not work appropriately and they were not able to access their test reports. The service had investigated and responded to patients with an explanation and apology, together with a temporary solution to assist them in accessing their information. The service had subsequently modified the software to resolve the problem.

Are services well-led?

Good 

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

Our findings

We rated well-led as Good because:

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services.
- Staff were clear on their roles and responsibilities.
- Staff, patients and external partners were encouraged to give feedback.

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 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.

- 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 could raise concerns and were encouraged to do so. They had confidence these would be addressed.
- There were processes for providing all staff with the development they needed. This included appraisal and career development conversations. All staff who needed one had received an annual appraisal in the last year. Staff were supported to meet the requirements of professional revalidation where necessary. Clinical staff, including scientific consultants, were considered valued members of the team. They were given protected time for professional development.
- 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.

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

Managing risks, issues and performance

There were clear and effective processes for managing risks, issues and performance.

- The service did not make use of completed two-cycle audits to improve the quality of care and outcomes for patients. However, it undertook a range of repeated

Are services well-led?

Good 

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

single-cycle audits to improve the delivery of the service. It also encouraged patients and external partners to participate in surveys which it used to improve quality.

- 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. 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. 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 service encouraged and heard views and concerns from the public, patients, staff and external partners and acted on them to shape services and culture. Following feedback from a corporate client the service had increased the amount of testing equipment available to prevent delays in testing.
- Staff could describe to us the systems in place to give feedback, these included: annual appraisals; one to one meetings; monthly staff meetings; and managers encouraged staff to approach them informally to discuss any issues. We saw evidence of feedback opportunities for staff and how the findings were fed back to staff.
- 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.
- 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 had recently introduced a patient access portal and app to improve patients access to their records and to facilitate making or changing appointments.